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HIV HEALTH SERVICES PLANNING COUNCIL

January 3, 1994

25 Van Ness Ave., Third Floor Conference Room

4:30 to 7:30 p.m.

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AGENDA:

I. **Roll Call**

II. **Review of December 13, 1993, Meeting Minutes and January 3, 1994, Agenda**

III. **General Announcements**

IV. **Subcommittee Reports**

V. **Approval of Final CARE Budget** (5:00 p.m.)
a. Review of CARE RFP Process
b. Determination to Use CARE Funds for Inpatient Services Personnel

VI. **Home Health Care Services and CARE Regulations (Meannee Martin)** (5:45 p.m.)

VII. **Council Discussion of HRSA-convened Constituency Group Recommendations Concerning Titles I and II**

VIII. **A.I.D.S.: Review of Probationary Status**

IX. **Discussion of By-Laws**

X. **Other Meetings Required in January**

XI. **Public Comment**

JANUARY 1994 MEETINGS

January 10 -- January 24

25 Van Ness Avenue, Third Floor, 4:30PM -- 7:30PM

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HIV HEALTH SERVICES PLANNING COUNCIL

January 3, 1994
25 Van Ness Avenue, Third Floor
4:30 - 7:00 p.m.

MEMBERS: Present: Gene Copello, Marcy A. Fraser, Barbara Garcia, Estela Garcia, Susan Karp, Steve Lew, Gerald Lenoir, Gifford S. Leoung, James Loyce, Kent Macdonald, Jr., J.B. Molaghan, Bob Nelson, Elliot S. Ramos, Steve Roger, Geoffrey, Sackett, Mike Shriver, Rita Times, Jerry Windley **[18].**
Absent: Pat Christen, Jaime Geaga, Lester D. Hanson, Scott Miller, Laura Thomas, Mary Jane Wood, Reggie Williams.
STAFF: Mitch Katz, Bill Haskell, Valerie Dorr, C. Brand.

I. **Roll Call**
Roll call was taken as above.

II. **Review of Minutes and Agenda**
The minutes of December 13, 1993, were approved. Rita Times and Mike Shriver abstained. The agenda of January 3, 1994, was approved.

III. **General Announcements**
There were no general announcements.

IV. **Subcommittee Reports**
There were no reports.

Va. **Approval of Final CARE Budget: Review of CARE RFP Process**
Bill Haskell said that all CARE proposal review sessions were held, although some Members did not show up or notify the AIDS Office that they could not attend. Jon Dean Green and Mark Morewitz were at every session. Proposals for new or expanded programs were generally not as well written as in previous years and some were not responsive to the RFP. None were submitted for the Residential Hospice Care, Transportation, and Adoption/Foster Care Assistance service categories; or addressed six other sub-categories.

The Council had originally allocated more dollars than were recommended for funding in the categories of for Primary Medical Care, Housing, and Home Health & Hospice Care. The review teams recommended that new proposals be solicited:. (They felt that the basic needs in other categories were fulfilled by acceptable proposals.) Rebidding the three categories will delay startup, and the alternative is to send all parties who submitted proposals in these categories the same letter, requesting that their proposal provide additional information and address specific matters. The Office of Contracts Management confirms that this approach is acceptable. Technically each service category constituted an independent, "mini-RFP." The sole requirement is that action within each category be totally consistent.

The Council was advised that, although it had been aware that interdigitating San Mateo and Marin County requests would reduce the probability of funding lower-ranked service categories, the effect of the 35% reserve for the Department of Public Health may not have been considered. If the allocations were not changed, even with 150% Supplemental funding (versus the more realistic figure of 133% re-

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ceived last year) a significant number of programs would not be funded. *If* the Council pro-rated the three categories, by multiplying only the amount still available by their respective percentages of the original total allocation, every approved project in every category could be funded. The would reduce Primary Medical Care from $854,824 to $347,219; Housing from $1,959,536 to $526,473; and Home Health from $741,659 to $303,816.

Marcy Fraser noted that her review panel felt that the problem was not the information in the proposals, but their focus on services that were not needed.

J. B. Molaghan made the following motion, which was seconded and passed unanimously:

A> **That all parties that submitted proposals for Primary Medical Care, Housing, and Home Health & Hospice Care receive the same written requests from the AIDS Office for specific information; and that the same review teams review proposals based on this information.**

Ms. Times made the following motion, which passed without opposition. Mr. Nelson abstained.

B> **That the amount of unallocated funds for the service categories of Primary Medical Care, Housing, and Home Health & Hospice be prorated as proposed by the AIDS Office.**

Ms. Fraser made the following motion, which passed without opposition. Mr. Lew and Dr. Leoung abstained.

C> **To approve the CARE budget proposed by the AIDS Office and reflecting the decisions of the Planning Council.**

Vb. **Approval of Final CARE Budget: Determination to Use CARE Funds for Inpatient Services Personnel**

Mr. Haskell said that the CARE Act called the annual formal approval to use CARE funds for inpatient services personnel. The following motion was made, seconded, and passed unanimously:

D> **That up to 10% of CARE Title I funds may be used for inpatient services personnel.**

VI. **Home Health Care Services and CARE Regulations (Jeannee Martin)**

Jeannee Parker Martin of Visiting Nurses and Hospice of San Francisco (VN&H) addressed the Council. She distributed a précis of her remarks (*Note One)*. Changes in CARE funding policies are required to assist existing programs and avoid unnecessary start-up programs. Restricting new CARE funds to new services or expanded existing services negatively affects existing residential hospice programs that cannot expand or lack a steady reimbursement stream to sustain their operations. For example, Coming Home Hospice (CHH) is a cost-effective model, but has a substantial operating deficit. Because it is not feasible for CHH to expand their capacity or broaden their scope of service because of limited bed capacity, it is ineligible for additional funds. The alternative is to close the CHH site and start anew in order to obtain more adequate funding.

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CARE funds should supplement inadequate reimbursement from other sources should be allowed. For example, Medi-Cal's reimbursement rate for a visit by a certified home care aide is $38.87 and $63.50 for a skilled nursing visit, regardless of the length of visit or the actual cost of the unit of service. If travel, documentation and coordination time are factored in, the reimbursement is rarely adequate. Administrative costs are appropriately applied to CARE funding but do not make up the full difference between cost and reimbursement.

Dr. Katz observed that restrictions on new funding might have overlooked situations like that of CHH.

Ms. Martin said that the CHH deficit was due to the lack of a consistent revenue stream to support 24-hour professional staffing. CHH eliminated seven positions, and further reductions would affect the quality of service. Medi-Cal's "hospice benefit" reimbursement is approximately 40% of actual cost. There had been no cost-of-living adjustment for several years, and the *per diem* had decreased from $300 to $270. VN&H covered deficits by private fund-raising. Mr. Shriver observed that supplanting applied only to General Fund moneys, which was not the case here. He also noted that CARE programs received a COLA every year, the most recent being 4.5%. Ms. Times asked Ms. Martin to provide information that indicated how this COLA was expended. Ms. Martin said that she would provide this information to the Council.

Ms. Martin wishes to have the RFP language modified to permit additional funding for existing programs. Attorneys she consulted claim that the CARE Act, *not* Medicaid regulations, prohibits additional billing. The Council should advocate removing this restriction when reimbursements are less than 60% of actual cost. She will testify on this at the January 20 regional forum on the CARE Act in Ontario, California. Ms. Martin asked the Council to support her effort and advocate removing these restrictions on Ryan-White CARE and Medi-Cal funding. Mr. Shriver confirmed that this will be a critical meeting.

VII. **Council Discussion of HRSA-convened Constituency Group Recommendations**

Mr. Shriver report that the CAER Coalition will discuss CARE Act reauthorization this week, especially Title I. There is general agreement on reauthorizing Titles I and II and increasing the 5% administrative cap. Unfortunately, the Centers for Disease Control insist that they can manage with a 4% administrative cap. Congress is impressed that 95% of CARE funds go to direct services. This highlights AIDS funding as "disaster relief" rather than an institutional item like AFDC or WIC, that addresses some chronic medical issue. He will report on the decisions they reach.

Mr. Shriver said that he needed the official Council position on CARE Act reauthorization soon, or he would have to go to Washington without it. The Members agreed to make this the exclusive agenda item of the January 10 meeting. Members were requested to review the HRSA *Summary Reports* distributed on December 13, 1993. Jerry Windley stressed the urgency of protecting CARE funding from health care reform. Mr. Shriver noted that President Clinton is presenting Ryan-White as a parallel track to health care reform. AIDS advocates are focusing on recapturing the dollars for HIV services assumed by health care reform, to use for the remaining CARE services. The Council should also decide if there should be set-asides for specific groups such as females and people of color; and if it should relax the 70-30 rule.

VIII. **A.I.D.S.: Review of Probationary Status**

James Loyce distributed the AIDS Office report on the status of AIDS Indigent Direct Services (A.I.D.S.) *(Note Two)*. The AIDS Office was satisfied with the agency's progress and recommends ending its probationary status. The new governance procedures, program service delivery, personnel practices and other items cited have been corrected, the Board of Directors has assumed an effective role, and service quality is high. The main challenge now is to generate sufficient non-CARE support to meet the 70/30 rule by April 1 (90 days). This date may be extended to October 1 if the agency demonstrates good-faith efforts-- e.g., a concrete plan and realistic time line in place. If they fail to reach 70/30 there will be no automatic renewal next year, and A.I.D.S. will have to reapply for its basic grant (and demonstrate compliance with the 70/30 rule.) Executive director Ramona Halloway did not have the exact percentage of non-CARE support but said that most funds were Ryan-White. Now the agency can focus on increasing non-CARE support. Its fund-raising committee is working with the Support Center. A forthcoming independent audit will facilitate fund-raising. Recently a Los Angeles party donated $7,500. Board president Tom Gwyn requests the Council to reconsider the 70/30 requirement in the case of small agencies.

Mr. Shriver made the following motion, which passed without opposition. Mr. Sackett abstained.

E> **That the Planning Council accepts the recommendations of the AIDS Office report of December 29, 1994, regarding AIDS Indigent Direct Services, including the termination of probation status.**

IX. **Discussion of Bylaws**

Mr. Haskell asked the Council to amend the Bylaws to eliminate the nominal listing of Members (Article II, Section 1). Currently they must be formally amended each time membership changes..

The following motion was made, seconded, and passed unanimously:

F> **That Article II, Section I of the Bylaws shall read as follows: "The membership shall be comprised of persons appointed by the Mayor. Current members are listed in the written minutes of each meeting."**

X. **Other Meetings Required in January**

The Council will meet on January 10 and January 24, as originally scheduled.

XI. **Public Comment**

There was no public comment.

NOTES:

(1) Memorandum: Jeannee Parker Martin, Visiting Nurses and Hospice of San Francisco to CARE Council, *"CARE Funding for Home Care Services,"* January 3, 1994.

(2) Memorandum: Tim Offutt, AIDS Office to Tom Gwyn, A.I.D.S., *"Follow-up Site Visit to the Special Audit Report of May 21, 1993 with a Recommendation to Remove AIDS Indigent Direct Services (A.I.D.S.) from Probation,"* December 29, 1993.

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HIV HEALTH SERVICES PLANNING COUNCIL

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January 10, 1994

25 Van Ness Ave., Third Floor Conference Room

4:30 to 6:00 p.m.

AGENDA:

I. Roll Call

II. Review of January 3, 1994, Meeting Minutes and January 10, 1994, Agenda

III. General Announcements

IV. Council Discussion of Ryan-White (CARE Act) Reauthorization

V. Public Comment

Members are requested to review the three Summary Reports of the HRSA-convened constituency groups. These were distributed on 12/13 and 1/3.

NEXT MEETING: JANUARY 24, 1994

25 Van Ness Avenue, Third Floor, 4:30PM -- 7:30PM

HIV HEALTH SERVICES PLANNING COUNCIL

January 10, 1994

The Minutes of this meeting are missing.

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HIV HEALTH SERVICES PLANNING COUNCIL

January 24, 1994

25 Van Ness Ave., Third Floor Conference Room

4:30 to 7:30 p.m.

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AGENDA:

I. Roll Call

II. Review of January 3 and January 10, 1994, Meeting Minutes and January 24 Agenda

III. General Announcements

IV. Subcommittee Reports

V. Shanti Project: Review of Probationary Status

VI. Final CARE Supplemental Application

VII. Public Comment

FEBRUARY 1994 MEETINGS

February 14 -- February 28

25 Van Ness Avenue, Third Floor, 4:30PM -- 7:30PM

HIV HEALTH SERVICES PLANNING COUNCIL

January 24, 1994
25 Van Ness Avenue, Third Floor
4:30 - 6:00 p.m.

I. Roll Call

MEMBERS: Present: Pat Christen, Gene Copello, Barbara Garcia, Lester D. Hanson, Gerald Lenoir, Steve Lew, J.B. Molaghan, Bob Nelson, Geoffrey, Sackett, Mike Shriver, Laura Thomas, Rita Times.
Absent:. Marcy A. Fraser, Estela Garcia, Jaime Geaga, Susan Karp, Gifford S. Leoung, Kent Macdonald, Jr., Scott Miller, Elliot S. Ramos, Steve Roger, Jerry Windley, Reggie Williams, Mary Jane Wood.
STAFF: Mitch Katz, Bill Haskell, Valerie Dorr, Charles Brand.

II. Review of Minutes & Agenda

The Minutes of January 3 and January 10, 1994, were reviewed. At the January 3 meeting, Gerald Lenoir abstained in the vote on motion "C" (Page 2). At the January 10 meeting, Geoffrey Sackett voted for motion "C" and Gene Copello abstained (Page 3). The corrected minutes of both dates were approved by the Council. Pat Christen abstained. The agenda of January 24, 1994 was approved.

III. General Announcements

① Michael Shriver reported on the CAEAR Coalition meeting in Washington, D.C., from January 7-10. Representatives of 17 or 18 cities planned the approach to lobby for the reauthorization of the CARE Act. The Coalition agreed that reauthorization must be achieved before Health Care reform is completed, to minimize loss of funds. After the current Congressional session, all Representatives and one-third of the Senators must stand for reelection.

The Coalition decided against advocating for an increase of the administrative cap. Atlanta and some other councils use less than 5% of their CARE funds for administrative expenses. The "lean program" image of the CARE Act was always a strong selling point on the Hill. Their *pro bono* attorney will try to detect a technicality that will provide an additional 2.5% for each Council's discretionary use. Reinterpretation is more feasible than a radical overhaul of Ryan White CARE Act language. The Coalition decided to keep the four CARE titles separate.

In the past, the Council was pressured to shift many program lines to Primary Care. Now HRSA broadcasts that 40% of Title I funds are used for Primary Care. If this amount is not recaptured for other service categories, Congress might cut CARE funds by 40%. We must show that these funds are required for unmet service needs which could be funded under Title I.

CAEAR will issue a document embracing all the major issues of Title I. It will serve as both an advocacy and a discussion tool, and will be ready for review on February 4. Members should consider what does not work in San Francisco, and articulately present our perspective.

Los Angeles, New York and San Francisco will now be represented directly on the CAEAR executive board, in addition to the facilitator and four regional representatives. A treasurer position has also been created.

President Clinton will propose a $93,000,000 increase in the 1995 budget, less than we received for Title I in 1994. Titles I and II will receive most of the increase, Prevention none. Research funds will increase by $73,000,000.

② The Support Center distributed the final copy of *Voices of Experience.* Members must decide how to publicize it.

③ Jeannee Martin informed Dr. Katz that the CARE COLA received was applied directly to Visiting Nurses/Hospice programs. None of these funds were absorbed by California-Pacific Medical Center.

④ On February 2 Health & Human Services will convene a meeting on the impact of health care reform on CARE. Gerald Lenoir will make the necessary arrangements for any Member who wishes to attend.

⑤ Mitchell Katz, M.D. distributed a mission statement working document from Department of Public Health (DPH) director Sandra Hernández, M.D..[1] On Page 2, note that it does not say that DPH will provide these services. Instead, the mission statement says that the Department will *ensure* that the services are provided. DPH may move toward the AIDS Office model, where 70% of services are provided contractually. On Page 3, "competitors" refers to the private sector (the State wishes to see if it can provide services more cheaply). Suggestions may be sent directly to Dr. Hernández.

IV. Subcommittee Reports

Steve Lew said that Long-Range Subcommittee and the People of Color Advisory [POC] Committee members have questions about the AIDS Office Associate Director position. Will the Advisory Committee participate in the search and hiring process? What is the job description? Dr. Katz said that all administrative responsibilities are shared with the associate position, and the new person will work extensively with the CBOs. There will be a non-DPH member, preferably from a CBO, on the selection committee. The requisition and classification process must be repeated each time a position is vacated. The requisition is now at the Civil Service Commission's decentralized classification unit. Then it goes to the Mayor's Office, Controller, Personnel and DPH. The earliest it can clear is March 31. Then it must remain open for at least three weeks. No one can be recruited until the requisition clears.

Q.- What are you looking for? A.- A hard-working person who can solve problems, find answers, and facilitate matters. Someone who is capable of leadership and effective communication with CBOs and staff. The position probably will not be deleted, but the Classification unit might consider it analogous to the district health center directors, whose salary was reduced from the 80's to the mid-60's. It is not a CARE-funded position.

Q.- Will the new person also work on investigations and made recommendations on probations? A.- We hope to create an auditor position within the CARE budget, to assume this adversarial role from the Associate Director.

Q.- Can we influence the issue of salary? Who can you get for $60,000? A.- The salary will be more like $65,000. We have had mixed results in influencing classification. We hope to have many POC candidates.

V. Shanti Project: Review of Probationary Status

Dr. Katz reviewed an AIDS Office memorandum on Shanti's probation status.[2] Shanti fully addressed all recommendations and its probation status should end. Page 2 lists AIDS Office actions since Dr. Katz' last update to the Council, and refers to the restitutions Shanti will make. Interim Board president Lenny Simpson, MD, and fiscal chief Gloria Sandoval addressed the Council on changes in Shanti and their optimism about the future.

J. B. Molaghan made the following motion, which was seconded:

A> That the Planning Council accept the AIDS Office recommendation to end the probation status of Shanti.

Q.- The AIDS Office memorandum on A.I.D.S. responded to each of the investigation points. Does this do the same? A.- Yes. Any differences are due to the fact that the Shanti issues are more fiscal than programmatic.

Rita Times suggested that Shanti begin restitution before probation ends. Dr. Katz noted that Shanti's problems occurred in 1991-92, not 1992-93. The initial audit disclosed no problems, and not all the items in question were funded with CARE dollars. There is no outstanding issue, and therefore no reason to continue probation. Since the time line for financial settlement is still fluid, Mr. Lenoir suggested that the Council consider making a caveat as it did with A.I.D.S. and the 70/30 issue. The motion was approved. None were opposed, and Rita Times abstained.

VI. Final CARE Supplemental Application

Members received a copy of the final application. Bill Haskell noted that if San Francisco receives 150% of its CARE Formula award, total CARE funding will increase from approximately $27,000,000 to $42,000,000. We will know by March 24. The new application has a greater EMA focus, and is the first document Dr. Hernández signed as Director of Health.

VII. Public Comment.

There was no public comment.

The Meeting adjourned at 5:55 p.m..

NOTES

[1] Memorandum: Sandra R. Hernández, MD to Members, Expanded Executive Staff, Refocused Mission Statement, 1-12-94.

[2] Memorandum: Kandyce Collins to Mitchell Katz, *Recommendation to Remove Shanti Project from Probationary Status*, 1-24-94.

Next Regular Meetings: February 14 and February 28

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HIV HEALTH SERVICES PLANNING COUNCIL

February 14, 1994

25 Van Ness Ave., Third Floor Conference Room

4:30 to 7:30 p.m.

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AGENDA:

I. Roll Call

II. Review of January 24, 1994, Meeting Minutes and February 14 Agenda

III. General Announcements

IV. Subcommittee Reports

V. Publicizing *Voices of Experience* Study

VI. Discussion of General Fund and CARE COLAs for Renewal Contracts

VII. Equity Exercise (M. Fraser)

VIII. Planning Council Representation Issues (E. Garcia)

IX. Update on Future HOPWA Funding (R. Nelson)

X. Public Comment

FEBRUARY 1994 MEETINGS
February 14 -- February 28
Regular meetings of the Council are held the second & fourth Mondays of each month, 4:30-7:30 p.m.. Meetings are usually held at the Third Floor Conference Room, 25 Van Ness Avenue.

Please note on your calendar:

February 15 *DPH Community Forum: "Projections of the Future of the AIDS Epidemic in San Francisco." New Conservatory Theater, 25 Van Ness Avenue, 1:00-3:00 p.m..*

February 24 *State of California Department of Health Services, Office of AIDS: Task Force on Ryan White CARE Act Reauthorization. Office of AIDS, Annex Conference Room, Sacramento, 9:30 a.m.-3:30 p.m.. (Council to designate a Member to represent it.)*

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HIV HEALTH SERVICES PLANNING COUNCIL

February 14, 1994
25 Van Ness Avenue, Third Floor
4:45 - 7:30 p.m.

MINUTES

I. Roll Call

MEMBERS: Present: Pat Christen, Marcy A. Fraser, Barbara Garcia, Estela Garcia, Jaime Geaga, Lester D. Hanson, Susan Karp, Gerald Lenoir, Gifford S. Leoung, Kent Macdonald, Jr., J.B. Molaghan, Bob Nelson, Elliot S. Ramos, Steve Roger, Geoffrey, Sackett, Laura Thomas, Rita Times, [17].
Absent:. Gene Copello, Steve Lew, Scott Miller, Mike Shriver, Jerry Windley, Mary Jane Wood, Reggie Williams. [7].
STAFF: Valerie Dorr, Jan Gurley, Bill Haskell, Mitch Katz, Charles Brand.

II. Review of Agenda

The minutes of January 24, 1994, were reviewed. Item VI (Page 3) should read: "...total CARE funding will increase from approximately $27,000,000 to *$47,000,*000." The corrected minutes of January 24 and the agenda of February 14, 1994, were approved unanimously.

III. General Announcements

Bill Haskell made the following announcements:

① Dr. George Lemp will address the DPH Community Forum on "Projections of the Future of the AIDS Epidemic in San Francisco" (New Conservatory Theater, 25 Van Ness Avenue, 1:00 p.m..)

② The Task Force on Ryan White CARE Act Reauthorization, coordinated by the State of California Office of AIDS, will meet in Sacramento on February 24 at 9:30 a.m.. Laura Thomas will represent the Council.

③ Public Health Director Dr. Sandra Hernández will address the San Francisco Coalition for Public Health Services on February 15.

④ The Council must determine how to apply the Sunshine Ordinance to its organization and operations. The Ordinance restates much of the Brown Act and the Public Records Act. On February 28, Council staff will report on any necessary adjustments of policies and procedures.

⑤ At Mike Shriver's request, Bob Nelson distributed two documents on CARE reauthorization.[1]

IV. Chairpersons' Report (Estela Garcia)

Dr. Jan Gurley, new chief of the Health Services Branch, was introduced. Reggie Williams has resigned from the Council, effective today. Dr. Garcia will send him a letter on behalf of the Council, expressing its appreciation of his leadership and contributions, particularly in issues affecting people of color and gay males.

V. Subcommittee Reports

There were no subcommittee reports.

VI. Publicizing *Voices of Experience* Study

Steve Lew recommends that the Council use a press release for this purpose, *after* a working group of Members with HIV, and then the full Council, discuss the study, particularly the participation of persons with HIV or AIDS in the planning process. Pat Christen asked if the Council had sufficiently considered the findings when preparing the CARE budget. Geoffrey Sackett asked that the working group report its findings prior to the formal discussion. The Council did not establish a working group. The item will be discussed by the full Council on March 14.

VII. Discussion of General Fund and CARE COLAs for Renewal Contracts

Valerie Dorr reported the DPH Executive Committee's decision not to award a cost-of-living adjustment (COLA) to General Fund contracts. Should the Council reconsider awarding COLAs to CARE contracts, since this might create difficulties for agencies receiving funds from both sources? Pat Tibbs, vice president of

the HIV Contractors Association, asked the Members to defer a decision until the association discussed the issue. She distributed a written request to this effect.

Laura Thomas made a motion to award a COLA to CARE contracts, but withdrew it when Gerald Lenoir noted that the Council had formally awarded a COLA. Mr. Sackett's motion to discuss the subject of continuing to award COLAs was not seconded.

Several Members felt that more discussion would have been possible if the Agenda were distributed earlier. Mr. Nelson noted that the placement of the "Public Comment" item at the end of the Agenda implied that the Council discouraged it. Pat Christen urged that the public be made more welcome, and stressed the need for the chairpersons to review and approve the Agenda in advance of the meetings.

VIII. **Equity Exercise (M. Fraser)**
This item was put over to the meeting of February 28.

IX. **Planning Council Representation Issues (E. Garcia)**
Estela Garcia reported that she and Mr. Haskell had discussed the work of the Subcommittee on Representation. They and Barbara Garcia will meet and report to the Council on March 14. Last September Reggie Williams informed the Council that important target groups were still unrepresented on the Council: the incarcerated, physically impaired, new immigrants, and homeless persons. The Federal requirements for representation are stated in the Ryan White CARE Act, and the Council has stated its priorities. Mr. Nelson noted that the Act also requires a representative of the Title III(b) grantee providing early intervention services for San Francisco, which is the Community Clinic Consortium.

Dr. Garcia said that the Mayor was appointing new Members, sometimes upon the recommendation of resigning Members who also failed to coordinate with, or even inform, the chairpersons. The CARE Act empowers the chief elected official (CEO) to make the appointments. In some EMAs, the CEO gives the council broad latitude in nominations and appointments. Dr. Sandra Hernández and Mike Shriver should be involved in efforts to address this situation. The Subcommittee on Representation will discuss these issues, and the full Council will consider them on March 14.

J. B. Molaghan motioned "That the two priorities for representation on the Council are increasing the proportion of people of color and persons with HIV disease." Marcy Fraser felt that the Mayor should first list his priorities. Dr. Mitchell Katz observed that the Mayor cannot second-guess the Council, which should clearly communicate its information and priorities to him. The Council might start by considering a second motion that defined the selection process. Mr. Nelson advised the Council to formalize a prioritization and selection process before meeting with the Mayor's representative. Kent Macdonald criticized the Council's procrastination and urged that new members be added quickly. Ms. Christen advised stating an absolute limit on membership, and reserving seats for target communities. To stimulate *process*, she proposed amending the motion, which was seconded and passed:[2]

A> **That the top priorities for representation on the Council are increasing the proportion of persons of color and persons with HIV disease. To this end, the Council establishes the Working Group on Nominations, whose function is to achieve and maintain its representational goals.**

The following Members will serve on the working group: Estela Garcia (*chair*), Marcy A. Fraser, Barbara Garcia, Gerald Lenoir, J. B. Molaghan, Laura Thomas.

X. **Update on Future HOPWA Funding (R. Nelson)**
Mr. Nelson distributed and reviewed his memorandum on the 1995 HOPWA (Housing Opportunities for Persons With AIDS) budget and the activity of the National AIDS Housing Coalition; and a memorandum from AIDS Action legislative counsel Aimee Berenson AHOA reauthorization.[3] HOPWA funding will increase by

$3,000,000. AHOA (AIDS Housing Opportunity Act) has not been merged into homeless assistance and other HUD community block grant programs. The focus now is on the 1995-1996 budget. Last Monday the President proposed a HOPWA line item of $156,000,000

On February 28, Deborah Drickersen Cortez of the San Francisco Redevelopment Agency will give an update on San Francisco's HOPWA program and discuss the amount and disposition of unspent HOPWA funds. Ms. Christen noted that if the sum were considerable, it could be vulnerable and possibly negatively affect future HOPWA allocations. Mr. Nelson explained the factors that delayed finalizing the grants and agreed that active advocacy was necessary to protect HOPWA funding and autonomy.

XI. **Public Comment**

There was no public comment.

XII. **The Planning Council adjourned at 7:30 p.m.**

Notes:

1. Mike Shriver to San Francisco EMA Title I Planning Council, *Ryan White CARE Act Reauthorization Document & Update,* 2/14/94 (3 pp.); Regina Aragon, Chair, to CAEAR Coalition Liaisons and Alternates, *FY 95 Appropriations for CARE/ Final Draft of Coalition's Position Paper on Reauthorization,* 2/9/94 (14 pp.).
2. **Voting for the motion:** "A": 15 (Christen, Fraser, B. Garcia, E. Garcia, Hanson, Karp, Lenoir, Leoung, Macdonald, Molaghan, Nelson, Roger, Sackett, Thomas, Times). **Opposed:** *0.* **Abstaining:** *0* **Not voting:** *2* (Geaga, Ramos).
3. Bob Nelson to Public Policy Working Group Members, et al, [No title], 2/11/94, [3 pp.].; Aimee Berenson, Legislative Counsel, AIDS Action, to AHOA Amendments Reviewers, *Update on AHOA Reauthorization*, with attached *Congressional Housing Committees -- 103rd* Session, 2/1/94 (6 pp.).

Next Council Meetings:

March 14, 1994 ❀ March 28, 1994

❀*The Council meets on the second & fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items.*

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HIV HEALTH SERVICES PLANNING COUNCIL

February 28, 1994
25 Van Ness Ave., Third Floor Conference Room
4:30 to 7:30 p.m.

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AGENDA:

I.	**Roll Call**	4:30 p.m. *-sharp!*
II.	**Review of February 14, 1994, Meeting Minutes and February 28 Agenda**	
III.	**Chairpersons' Reports**	
IV.	**General Announcements**	
V.	**Subcommittee Reports**	
VI.	**Update on San Francisco's HOPWA Program** (Deborah Drickersen Cortez) The HOPWA (Housing Opportunities for Persons With AIDS) program, administered by the San Francisco Redevelopment Agency, will be reviewed. Agency staff will explain: (1) the kinds of programs already funded; (2) problems encountered in program implementation; (3) the status of remaining fund balances.	4:40 p.m.
VII.	**Mission Neighborhood Health Center** (Gladys Sandlin and Brenda Storey) Agency representatives will address concerns about CARE proposal review and the award process. The Council administers Federal CARE (Comprehensive AIDS Resources Emergency Act) Title I funds in San Francisco.	5:00 p.m.
VIII.	**HIV Contractors Association** (Gail McBride) Discussion of the Association's objectives and recommendations.	5:15 p.m.
IX.	**Equity Exercise** (Marcy Fraser; carried over from February 14) Developing a shared vision; equity in health planning; fair and just distribution of insufficient resources.	5:30 p.m.
X.	**Sunshine Ordinance** (Charles Brand) The Ordinance, regulating public meetings and records, went into effect on December 16, 1993. The Council reviews its organization and procedures to assure full compliance. Attachments for Members: *San Francisco's Sunshine Ordinance* (18pp.); Brand, *San Francisco's Sunshine Ordinance,* 2/19/94 (4pp.).	7:00 p.m.
X.	**Public Comment** The public may address unscheduled matters. Each person has up to three minutes, and the total time for public comment may not exceed thirty (30) minutes.	
XI.	**Adjournment**	7:30 p.m.

The Council will meet on March 14 and March 28, 1994

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HIV HEALTH SERVICES PLANNING COUNCIL

February 28, 1994
25 Van Ness Avenue, Third Floor
4:30 -7:30 p.m.

I. Roll Call

MEMBERS: Present: Pat Christen, Gene Copello, Marcy A. Fraser, Barbara Garcia, Estela Garcia *(chair)*, Gerald Lenoir, Gifford S. Leoung, Steve Lew, Bob Nelson, Steve Roger, Laura Thomas, Jerry Windley, Mary Jane Wood.[13].
New Members: Steve Burns, Carmen Portillo, Sean Sasser.
Absent:. Jaime Geaga, Lester D. Hanson, Susan Karp, Kent Macdonald, Jr., Scott Miller, J.B. Molaghan, Elliot S. Ramos, Geoffrey Sackett, Mike Shriver, Rita Times. [10].
STAFF: Valerie Dorr, Bill Haskell, Mitch Katz, Charles. Brand.

II. Review of Agenda

The minutes of February 14, 1994, and the agenda of February 28, 1994 were approved.[1]

III. General Announcements

1. Estela Garcia introduced the three new Members recently appointed by Mayor Jordan. Steve Burns, Carmen Portillo and Sean Sasser took their seats.
2. Jerry Windley said that Supervisor Angela Alioto will convene a joint meeting of the Budget, Health and Safety, and Environment Committees of the Board of Supervisors on March 23, 1994 at 1:00 p.m. in City Hall, Room 220. The intention is to correct false deductions resulting from the AIDS Office's recent statement that AIDS cases had peaked in San Francisco; and to forestall any negative effect on funding.
3. Jerry Windley reported on Senate Bill 1432 (Rogers), which seeks to add HIV and AIDS to the list of venereal diseases which must be reported. The Board of Supervisors unanimously condemned the bill, which may be squelched in committee. The bill is regarded as an injudicious way to mandate partner notification and stimulate prevention efforts.

IV. Chairpersons' Reports

There were no reports.

V. Subcommittee Reports

There were no reports.

VI. Update on San Francisco's HOPWA Program

Deborah Drickersen Cortez reviewed the status of San Francisco's HOPWA funds, the successes and problems in the implementation of this housing program, and a report of San Francisco's HOPWA-funded housing developments.[2] She asked the Council to review the information, and said that she would return in April to request the Council's formal recommendation on allocating the remaining balance of HOPWA funds.

Q.- What is the status of technical assistance for Maitri AIDS Hospice[Fraser]? A.- I am in contact with the agency at least once a month. Its Board deciding on the future direction of the agency's service.

Q.- Can Larkin Street Youth Center reapply for HOPWA funds [Thomas]? A.- They wish to develop a program that serves both HIV-negative and positive persons, and to receive McKinney funds. The Mayor is committed to their success.

Dr. Mitchell Katz said that some agencies are anxious about long-term financial liability, specifically for supportive services and operating expenses. The Council is committed to providing financial support for the supportive services required in housing programs as long as CARE funds are available, but what happens if this funding becomes static or decreases? The Council can only make a year-by-year commitment, but it could provide more guidance on the likelihood of continued CARE funding. It could develop and maintain a list of funding commitments, with housing providers guaranteed a position on the list. Steve Burns thought that the Council should have contingency plans that dealt with reduced CARE and HOPWA funding.

VII. Mission Neighborhood Health Center

Brenda Storey discussed her agency's recent difficult experience with the CARE Title I RFP process, specifically concerning proposal reviews and awards.[3] Mission Neighborhood Health Center was part of a collaborative proposal, but it was cut from the collaboration. She advocated for: (1) more time between notification of funding and planned start-up of services; and (2) an appeal as part of the RFP process. Pat Christen noted that the Council was aware of inadequate services for Latinos, and this was a glaring example of poor process and service linkage. Important time factors influenced the Council's existing RFP process, especially regarding appeals, but it could possibly utilize one-time funds as a corrective mechanism. Others observed that the State Office of AIDS has an appeals process, and holds a percentage of its funds in reserve in case an allocation decision is reversed. There should be a Council subcommittee to examine appeals.

Dr. Katz observed that that some RFPs are not specific enough, and some review panels may have insufficient information. More input might be needed in RFP development. The core issue is, *How do we request proposals ("RFP") for health care services?* Ms. Storey suggested that proposal review teams make recommendations for nonspecific cuts, which would allow the contractor to decide how to absorb a reduction in funding when beginning a new service. Valerie Dorr noted that the 1994 CARE Supplemental application was the first time that the Council specified "to be determined".

Bob Nelson made the following motion, which was seconded and passed[4]:

A> **That an RFP Working Group be formed to evaluate the existing RFP bidding and selection process, and propose changes to the full Council.**

The following Members will serve on the RFP Working Group: *Steve Burns, Pat Christen, Bob Nelson, Sean Sasser.* The Group will be staffed by Valerie Dorr.

VIII. HIV Contractors Association[5]

Gail McBride noted that the Association was formed on April 2, 1993, by 10 agency members. Now there are 24. Dr. Katz has met with the Association regularly since December 1993, on a monthly basis. She felt that the RFP process could be simplified and include an appeals process. She asked that a contractor participate in the RFP Working Group, and for the opportunity to give the Council a quarterly update on the activities of the Contractor's Association. Ms. Wood responded the Council was not an adjunct of the AIDS Office, and that the City mandated much of the RFP process. She questioned having a contractor on the Task Force. Mr. Nelson said that Members sit on the Council as *individuals*, not agency representatives. When necessary, they vote against their own agency's interest. Ms. Fraser said that the Subcommittee on Membership can discuss the recommendation that individuals who are not on the Planning Council serve on time-limited Council working groups or ongoing Council subcommittees.

IX. Equity Exercise

Ms. Fraser led an equity exercise, in which Members reviewed the Council's process and goals; and discussed the potential "visions" and "principles" (see Attachment One), and how to prioritize them. There should be balance between all areas. No principle should acquire preponderant strength. Gerald Lenoir stressed the importance of empowering individuals and communities. Appropriate technical assistance would help individuals and communities be aware of and utilize available resources. As we identify and target underserved groups, we must empower them to act on their own behalf. Estela Garcia said that this means stimulating the *self-determination* of individuals, groups *and* providers. Steve Lew stressed the importance of creating *equity* whenever and wherever possible. He recommended taking risks to do so. Acknowledge when it is not possible to create equity.

Laura Thomas noted the difficulty of engaging in long-term planning in a crisis situation. Nevertheless, with sufficient awareness and information, the Council must focus on and satisfy the deepest needs first. The Council must constantly review its service prioritization to detect discrepancies. Ms. Wood said that her basic goal is to provide the best service to the most people. "Indigenous" providers do not necessarily provide the best service. *Who can best provide the best service?* Ms. Fraser asked about the role of client preference. Ms. Wood agreed that it should be considered by the Council. Steve Lew agreed that "indigenous providers" are only a part of the solution. Barbara Garcia views them in the context of empowering the community that receives services to begin to provide them.

Jerry Windley asked if the Council hears every voice that should be heard. Is it aware of and question its tacit assumptions? Barbara Garcia observed that the Council did not get enough feedback from those who are HIV infected, even in its public hearings.

Steve Roger felt that the first "Vision" should read: Equal dollars for equal *need*. Mr. Haskell said that he focuses on *making our services equally accessible to all.*

Sean Sasser thought that a timely principle would be: *more for less.* Is the Council prepared for the contingency of reduced funding -- or worse. Mr. Nelson agreed on the need to plan for the future, and explore ways to stimulate financing from other directions.

Estela Garcia discussed the seventh and eighth principles. What were the Council's assumptions when it promulgated the 70/30% rule? Did it inadvertently build in a disincentive? Has it focused sufficiently on the eighth? Its decision about Mission Neighborhood Health Center ignored its own information. Ms. Dorr noted that "other sources" did not mean only philantrophic contributions. The Council encourages providers to maximize their reimbursement from all other available sources, such as Medi-Cal, Medicare, SSA, etc..

X. Sunshine Ordinance

Charles Brand said that very little in the Ordinance applies to the Council. However, the Brown Act, which it basically paraphrases, will apply to the Council as of April 1, 1994. He asked the Members to review the précis of the Ordinance[6] and the proposed Bylaws changes. The item was continued to the meeting of March 14, 1994.

XI. Public Comment

There was no public comment.

XII. Adjournment

The meeting adjourned at 7:30 p.m..

Notes:

[1] ***Opposed:*** **[0].** ***Abstaining:*** Burns, Copello, E. Garcia, Portillo, Sasser, Windley, Wood **[7].**

[2] Members received the memorandum: Deborah Drickersen Cortez [Redevelopment Agency] to HIV Health Services Planning Council, *HOPWA Program Status Report*, 2/28/94, 4 pp. + 2 pp..
Charles Brand to Members of the Planning Council, *San Francisco's Sunshine Ordinance*, 2/18/94 (4 pp.).

[3] Ms. Storey distributed the following documents to the Council : *Care RFP Review Process, MNHC HIV Clients Served in 1993; HIV/AIDS among Latinos; Statement of Need* (4 pp.; all other documents 1 page each).

[4] ***For motion 940228A:*** Burns, Christen, Copello, Fraser, B. Garcia, Lenoir, Leoung, Lew, Nelson, Portillo, Roger, Sasser, Thomas, Windley, Wood **[15].** ***Opposed:*** **[0].** ***Abstained:*** E. Garcia (*chair*) **[1].**.

[5] Ms. McBride distributed the following undated pages to the Members: *History of HIV Contractor's Association, Announcing the Natural Birth of the San Francisco HIV Contractors Association* (one page each).

[6] Brand to Planning Council Members, *San Francisco's Sunshine Ordinance*, 2/18/94, 4 pp..

Next Council Meetings:

March 14 March 28 April 11 April 25

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ATTACHMENT ONE:

EQUITY EXERCISE (February 28, 1994)

WHAT ARE OUR VISIONS?

1. Equal dollars for equal numbers.
2. Is the money there to make up for long term neglect?
3. Maximize the use of funds for the maximum number of people.
4. Indigenous providers in each community.

PRINCIPLES

1. Continuation of current services; rectify past discrepancies.
2. Service that improve length or quality of life.
3. Essential services should be available to all populations.
4. Services that improve access to care.
5. Underserved: ratio of unmet needs is in balance.
6. Cost effectiveness.
7. Other sources of funds: priority to services without other funds.
8. Principle of providing primary care: i.e., set asides, consequences of not funding a service.
9. Does the package make a difference?

HEALTH PLANNING

① Step back from your advocate role and state your assumptions.
② Acknowledge multiple senses of equity.
③ Set out all the views so they are understood and respected.
④ Maximize the ability to adopt all views.
⑤ Set mutually acceptable equity views.

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HIV HEALTH SERVICES PLANNING COUNCIL

March 14, 1994
25 Van Ness Ave., Third Floor Conference Room
4:30 to 7:30 p.m.

AGENDA:

I.	**Roll Call**	**4:30 p.m. - *sharp!***
II.	**Review of February 28, 1994, Meeting Minutes and March 14 Agenda**	
III.	**Chairpersons' Reports**	
IV.	**General Announcements**	
V.	**Subcommittee Reports**	
VI.	**Projections of AIDS Epidemic in San Francisco** (George Lemp)	**4:45 p.m**
VII.	**Presentation of the HIV Housing Plan** — Review of the final draft of San Francisco's action to create new options for people with HIV/AIDS in need of housing. It will include: a description of the types and numbers of housing units to be created in a specific period of time; funding allocation recommendations; and a detailed strategy to develop AIDS housing.	**5:15 p.m.**
VIII.	**Report by Nominations Working Group** (Estela Garcia) — Review of the process of nominating Council Members	**5:45 p.m.**
IX.	**Publicizing *Voices of Experience* Study** (Continued from February 14) — Full discussion of publicizing and implementing the findings of the recent Council-directed study of clients' and providers views of HIV/ AIDS services in San Francisco	**6:15 p.m.**
X.	**Changes in Bylaws of the Planning Council** (Charles Brand) — Changing Bylaws Article IV, Sections 7 and 8 to conform with Sunshine Ordinance. See reverse for proposed changes.	**6:30 p.m.**
XI.	**Public Comment**	
XII.	**Adjournment**	**7:30 p.m.**

The Council will meet on March 14 and March 28, 1994

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HIV HEALTH SERVICES PLANNING COUNCIL

March 14, 1994
25 Van Ness Avenue, Third Floor
4:30 -7:30 p.m.

I. Roll Call

MEMBERS: Present: Steve Burns, Estela Garcia *(chair)*, Susan Karp, Gerald Lenoir, Gifford S. Leoung, Steve Lew, J.B. Molaghan, Bob Nelson, Steve Roger, Geoffrey Sackett, Sean Sasser, Laura Thomas, Rita Times, Mary Jane Wood [14].
Absent: Pat Christen, Gene Copello, Marcy A. Fraser, Barbara Garcia, Jaime Geaga, Lester D. Hanson, Scott Miller, Carmen Portillo, Elliot S. Ramos, Mike Shriver, Jerry Windley [11].
STAFF: Bill Haskell, Mitch Katz, Charles. Brand.

II. Review of Minutes and Agenda

The agenda of March 14, 1994 was approved.

III. General Announcements

Geoffrey Sackett said that the Marin AIDS Council was considering a law suit to force the State of California to allow a needle exchange program in Marin. They believe that a compelling legal argument can be prepared and succeed.

IV. Chairperson's Report

❶ Kent Macdonald had resigned from the Council. He sent Ms. Garcia a letter of resignation, which included his observations on the work of the Council. At Laura Thomas' suggestion, the letter will be attached to the Minutes of this meeting.

❷ The Subcommittee on Evaluation must be reconstituted, to review the applications for one-time CARE funds. No reviewer may be affiliated with CARE provider organizations. The following will serve: *Marcy Fraser, Steve Roger, Laura Thomas, Rita Times, and Mary Jane Wood.* They and Valerie Dorr will begin the review on March 23 at 3:00 p.m..

V. Subcommittee Reports

There were no reports.

VI. Projections of AIDS Epidemic in San Francisco (George Lemp)

Dr. Lemp distributed several documents that reviewed the AIDS epidemic in San Francisco.[1] He noted that past projections had been fairly accurate, and current findings and reporting reflect the new, expanded definition of HIV and AIDS. The overall finding was that the AIDS epidemic has peaked in San Francisco.

Q.- Why was the information released at this time [Wood]? A.- The last set of projections expired in June 1993 and formal updated projections were needed. It was clear that the number of diagnoses in 1993 had declined from 1992. Prevention efforts were effective, and it was important to state this within the context of the statistics.

VII. Presentation of the HIV Housing Plan

Mr. Haskell discussed the draft Five Year HIV Housing Plan.[2] Dr. Katz asked Members to review it, particularly the "Priorities" (pp. 3-4), and consider endorsing its principles at the next meeting. Dr. Katz stressed the following points:

✓ The demand for housing will always exceed the supply.
✓ The greatest emphases should remain on those with the greatest need.
✓ HOPWA-funded capital projects are the only means to assure the availability of long-term housing, since no one knows how long funds to support HIV services will be available. (Currently $7,000,000 in CARE funding is expended for housing, which is primarily provided to non-profit groups which lease housing or provide housing related services. Our goal should be to shift the leased housing programs from CARE to HOPWA funding so that the housing units can be owned.)
✓ Persons with multiple disabilities (e.g., mental illness, substance use, and AIDS-Dementia Complex) are the most difficult group to house.
✓ "Mixed" projects that also accommodate persons without HIV/AIDS are socially and politically important, and will ensure sustained general support. They will also attract developers who are not interested in projects that exclusively target persons with AIDS.

✓ Technical assistance and capacity building programs should be integral to the HIV Housing Plan, just as they are in other Planning Council programs.

Dr. Katz discussed the timeline for HOPWA capital projects (pp. 23 ff.). CARE Title I funds cannot be used for *capital* projects, but can fund operational costs after the second year. Commenting on the projected CARE expenditures on housing from 1994-1998 (pp. 27-18), he noted that the draw on Title I funds would increase progressively, as more housing came on-line which could be supported by Title I funds (reserving HOPWA funds for capital projects). Bob Nelson urged the Council to consider creative ways to raise additional housing funds, not just for operational costs but also to replace HOPWA funds should they no longer be available.

J. B Molaghan cautioned against using CARE funds to treat every social problem, and advised that the Council the implications of the HIV Housing Plan through the Subcommittee on Long Range Planning. Estela Garcia suggested specifying the amount of CARE dollars to be dedicated to housing programs and services. Gerald Lenoir agreed that developers want a long-term guarantee for supportive services and operating expenses.

Deborah Drickersen Cortez said that she would review the HOPWA surplus balance with the Council on April 11, 1994, and request recommendations on allocations (percentages for capital vs. lease/rental assistance). The Notice of Funding Availability (NOFA) should be published in the beginning of May.

VIII. **Report by Nominations Working Group (Estela Garcia)**

Ms. Garcia reviewed the conclusions of the Nominations Working Group. Member who will not publicly disclose their HIV or AIDS condition should not be considered within the 30% figure that the Council mandates. The Council should work stridently toward its goals of a majority of gay/bisexual persons, and at least 30% persons of color. It was important to solicit and obtain the perspective and expertise of consumers. The time limited working group should become a full, continuing subcommittee, and meet at least semiannually to review Planning Council membership and representation. The Council needs broader-based recruitment, and not just rely on Members' personal acquaintance. The Council should actively solicit and advertise for interested persons to become new members. Many potentially useful persons are unaware of their eligibility to serve on the Council. The subcommittee should receive all nominations and carefully document their evaluation process. Candidates should clearly understand the responsibilities and time commitment of membership.

The Nominations Working Group will meet again on March 24, 1994 at 5:00 p.m..

Q.- With the exception of the designated Marin and San Mateo county representatives, must Members reside or at least work in San Francisco [Karp]? A.- There is no residency requirement. What is important is that the candidate-Member bring needed expertise to the Council [Haskell].

Steve Roger asked what the size of the Council membership should be. Laura Thomas thought that it would be necessary to increase the size of membership in order to meet the Council's representational goals. The Working Group did not have concrete numbers yet.

Rita Times inquired if there was new thinking about stipends or transportation assistance. The persons of some targeted communities could not easily sit on the Council without some type of assistance -- e.g., childcare, transportation assistance, or possibly even meals. Estela Garcia replied that the Working Group had not taken up these issues, but intended to do so. Dr. Katz agreed that membership demanded a huge time commitment from a person, especially one who was unconnected with an agency. Stipends could be paid, limited to persons who were unaffiliated with agencies or with government. Ms. Thomas noted that the subject had been discussed frequently in the past. Dr. Katz asked if any Members objected to the idea of reimbursement. Steve Burns said that his agency would deliver meals to individuals or families requiring them on meeting days.

Bill Haskell reviewed the various legal requirements as well as previous Council decisions concerning membership. Originally, (1) the membership was to be composed of one third representatives of CBOs, one third representatives of hospitals and institutions (including DPH), and one third community at large representatives; (2) the majority of the Members were to be gay or lesbian, and of that group, at least 50% be persons of color; and (3) six Members were to be open about their HIV-positive status [since raised to 30%). In addition, the Working Group is focusing on other areas of emphases: consumer expertise in accessing services, and historically underserved populations and neighborhoods.

IX. Publicizing *Voices of Experience* Study

Steve Lew said that the Council initiated the study to obtain a more comprehensive look at services from a client's perspective, and assist it in developing a more responsive plan for service delivery. The Council's focus was on strategic planning, and it particularly wished to know how easily clients accessed services. He suggested that Council action should emphasize these points:

✓ The Council's original intent in producing the study
✓ The main messages conveyed by the document
✓ The Council's goal in strategic planning, and how the document fits in
✓ The strategic reasoning, if any, for putting out the messages now

The document had seven core themes. Estela Garcia thought that the clients were clearly demanding more compassion and respect, and informing us how important it was to have good advocacy in order to get through the maze of services. Steve Lew thought that another important message was the need to involve HIV persons in planning and delivering services. Steve Burns agreed that we must stress the role of clients as active partners.

Gerald Lenoir did not think that a press conference was necessary. A press release would be adequate -- especially if it assisted our effort to solicit participation by the type of potential member that we require. Ideally the clients should be given at least the "Executive Summary" part of the document, possibly with the agencies distributing them. Susan Karp hoped that provider agencies would be as affected and stimulated as the Council was. How would they incorporate the messages? Ms. Wood was curious about how many persons with HIV served on the boards of the agencies.

Mr. Lew said that the bottom line was that the Planning Council had actively and systematically solicited the public's input, and it was ideal to tie-in the release of the study's findings to our recruitment effort. The public should be informed that the Council plans and designs services from a system-wide perspective, and that it considers it urgent that consumers serve as active Council members. Ms. Garcia observed that the existing services are not an amorphous mass. There is a system of HIV services in place. It exists, it is decentralized. The objective must be to maintain the decentralization, yet at the same time have structure, efficiency, communication and information. When there is excessive coordination, natural support systems are often eliminated. The study must be analyzed before we adopt its recommendations.

Ms. Garcia recommended reconvening the Subcommittee on Long Range Planning. She hoped that the Subcommittee would be able to prepare an announcement on the Planning Council's work and the range of HIV services it funded, and its accountability for funding. The Council should become more visible and connected to the general public. Some groups report to the public every six months on the projects funded, and on the responsibilities and activities of the group. Let the Council do the same.

Everyone agreed on the great utility of maintaining and distributing an up-to-date list of funded services. Dr. Katz recommended that it describe the units of service offered -- e.g., meals served, days of housing, etc.. Mr. Burns thought it would of great value in the CARE reauthorization effort. Geoffrey Sackett showed the Members some materials issued by the Marin AIDS Council, describing services available to the public, including financial assistance and general services.

The Members agreed to reconvene the Subcommittee on Long-Range Planning to: (1) draft a press release which relayed the facts of the study, and its findings; (2) communicate desire of the Council to attract more consumers to membership; and (3) develop a comprehensive list of services supported in San Francisco by CARE funds. Steve Burns urged that the release should have a single message. Gerald Lenoir noted that there was no need for the Council to screen the message, since the activity was within the purview of the Subcommittee, and time was of the essence. Dr. Katz suggested that the Subcommittee include within the press release some narrative about the Council's action to implement the findings and recommendations included in the report.

X. **Changes in Bylaws of the Planning Council (Charles Brand)**

This item was continued to the meeting of March 28, since the required quorum was no longer present to vote on the proposed amendments to the Bylaws.

XI. Public Comment

There was no public comment.

XII. **The Planning Council adjourned at 7:30 p.m..**

Notes:

1 AIDS Office/ Seroepidemiology & Surveillance Branch, **Projections of the AIDS Epidemic in San Francisco: 1994-1997**, 2/15/94, 14 pp. + 13 pp. + 12 pp.. AIDS Office, *AIDS Surveillance Report: AIDS Cases Reported Through February, 1994*, 9 pp.. Dept. Of Public Health, **AIDS News and Information**, *New AIDS Cases Have Peaked in San Francisco*, 2/15/94, 2 pp..

2 **San Francisco Five Year HIV/AIDS Housing Plan** [Draft], 3/14/94, 68 pp..

Attachment:
Kent Macdonald to Estela Garcia, Letter, 2pp., 2/28/94.

Next Council Meetings:
April 11 April 25

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February 28, 1994

Ms. Estella Garcia, Co-chair
Mayor's HIV Health Services Planning Council
c/o AIDS Office
Department of Public Health
25 Van Ness Avenue, Suite 500
San Francisco, CA 94102

Dear Estella:

This is to notify you that I am resigning my seat on the CARE Council, effective immediately. It has been a rewarding experience to work with you and the dedicated members of the AIDS Office staff and the Council. I cannot imagine a more thoughtful group of people, and will miss their devotion and eloquence. I find, however, that I am no longer able to afford the time away from my work.

At the same time, it has been clear that my views have been minority ones, and many of the decisions taken by the Council in the last year have left me unsettled. For one last time I must express my deep concern over the impact of these decisions on people with HIV/AIDS, and particularly, on the availability of housing for them.

The Council has long recognized the importance of housing in our prioritization process. We have worked hard to pull down big federal dollars. However, the system that delivers the funds locally must operate smoothly if the prioritization and the resulting bounty is to have any meaning to people living on the street or in unsuitable housing.

In my work with various housing development and AIDS service communities -- with representatives of the Coalition of Community Housing Organizations and the HIV Housing Network, and with individual housing developers and service providers -- the response to the current system has been disappointing at best. Providers have described the current system as "in a shambles," "confusing," and "insincere."

If we are serious about housing, we must rectify a system that alienates experienced housing providers and discourages their participation in applying for funds. Bureaucratic procedures that are at once inflexible and capricious destroy the effective use of our money.

We must also rectify a situation that has ceded the process of determining our housing goals to so-called "experts" and outsiders. I remain wary of a situation in which high-salaried bureaucrats and consultants resolve in secret to develop a housing program. Perhaps because we ourselves have been mystified -- by the arcane language of housing development and regulations -- we have yielded an important responsibility.

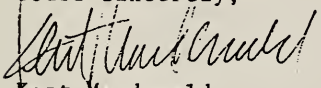
I remind the Council that we have the broad outlines of a plan for housing -- our guidelines for HOPWA adopted two years ago. In addition, we have the many reports and surveys taken last year (six or seven by my count). We, the CARE Council, should now have sufficient data to make informed choices about where unmet needs are greatest. Let us remember, too, that the overall need will remain overwhelming, no matter what we do.

Finally, along with Reggie Williams and others, I hope that the Council's new subcommittee will quickly address the issue of underrepresentation of people living with HIV/AIDS on the Council; their voices remind us of the urgency we live with.

I would hope also that more people unaffiliated with service agencies -- and therefore less averse to criticizing the agency or procedures that fund them -- would be allowed on the Council. In the interest of parity, remuneration for those who volunteer their time on the Council should also be considered.

Thank you for your final consideration of these matters. I wish everyone the best of luck and an early end to the epidemic we all hate so much.

Yours sincerely,



Kent Macdonald

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HIV HEALTH SERVICES PLANNING COUNCIL

March 28, 1994
25 Van Ness Ave., Third Floor Conference Room
4:30 to 7:30 p.m.

AGENDA:

I.	**Roll Call**	**4:30 p.m.** - *sharp!*
II.	**Review of February 28 and March 14, 1994, Meeting Minutes and March 28 Agenda**	
III.	**Chairpersons' Reports**	
IV.	**General Announcements**	
V.	**Subcommittee Reports** **a. Working Group on Nominations.** Review the process recommended for nominating and appointing new Planning Council Members. The process will clarify how nominations will be considered and appointments made.	**5:00 p.m.**
	b. Subcommittee on Evaluations. Review the recommendation of awards of one-time only funds to qualifying CARE contractors. The funds are from unliquidated balances of contracts and memoranda of understanding, or unallocated funds from prior years.	**5:15 p.m.**
VI.	**San Francisco AIDS Foundation** Alicia Lara of the agency will discuss HIV services to the Latino community, and how they might be improved.	**5:45 p.m**
VII.	**Visiting Nurses and Hospice (VNH) of San Francisco** Review of agency's request to shift CARE funds to cover the costs of home care aide services.	**6:00 p.m.**
VIII.	**American Indian AIDS Institute** (Dr. Mitchell Katz) Review of the decision to place the agency in receivership.	**6:10 p.m.**
IX.	**HIV Housing Plan** (Dr. Katz) Final Council review of action plan for new housing options for persons with HIV/ AIDS. Strategies and priorities for housing development. Decision on endorsement.	**6:30 p.m.**
X.	**CARE RFP for Housing Services** (Bill Haskell) Review of the remaining 1994-1995 CARE funds available for housing and housing-related services, and the recommendation to put funds back out to bid in the form of a request for proposals (RFP).	**6:45 p.m.**
XI.	**CARE Act Reauthorization** (Mike Shriver) Current lobbying strategies for reauthorization of the Ryan White CARE Act.	**7:00 p.m.**
XII.	**Changes in Bylaws of the Planning Council** (Charles Brand) Changing Bylaws Article IV, Sections 7 and 8 to conform with Sunshine Ordinance. See reverse for proposed changes.	**7:15 p.m.**
XIII.	**Public Comment**	
XIV.	**Adjournment**	**7:30 p.m.**

The Council will meet on April 11 and April 25, 1994

- *The Council meets on the second & fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items. Minutes of Meetings and all information distributed to Council Members, are available for inspection. For further information, please call 554-9549.*

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HIV HEALTH SERVICES PLANNING COUNCIL

March 28, 1994
25 Van Ness Avenue, Third Floor
4:30 - 7:30 p.m.

// Minutes

I. Roll Call

MEMBERS: Present: Pat Christen, Gene Copello, Marcy A. Fraser, Jaime Geaga, Gerald Lenoir, Steve Lew, Carmen Portillo, Elliot S. Ramos, Steve Roger, Sean Sasser, Mike Shriver, Laura Thomas, Rita Times, Jerry Windley, Mary Jane Wood [15]. **Absent:** Steve Burns, Barbara Garcia, Estela Garcia, Lester Hanson, Susan Karp, Gifford Leoung, Scott Miller, J. B. Molaghan, Bob Nelson, Geoffrey Sackett [10]. **STAFF:** Valerie Dorr, Bill Haskell, Mitch Katz.

II. Review of Minutes and Agenda

The minutes of February 28, 1994, and Mareh 14, 1994, were approved.[1] The agenda of Mareh 28, 1994, was approved.

III. General Announcements

1. Mr. Russell Brady, Program Officer for Special Projects of National Significance of the federal Health Resources and Serviees Administration, was introduced. He was in San Franeisco visiting Bay Area Young Positives, Project Ahead, and the Walden House Adolescent Planetree Project.

Dr. Mitch Katz announced that San Franeisco was awarded $20,153,440 in CARE Title I Supplemental Funds, 106% of the CARE Title I Formula award ($19,056,960). The award was the second highest in the country after New York City, and represents a tremendous influx of new dollars for HIV services. San Francisco had applied for 150% of its CARE Formula award. The AIDS Office asked community-based service providers to submit proposals, many of which were reviewed and awarded. Since only 106% of the CARE Formula award was received, some service providers awarded funding for new programs will have to be notified that funds will not be available. Valerie Dorr said that the net amount for new programs is $9,556,566, of which 30% will go to DPH. $6,689,586 will be available for new community-based services, in addition to $1,137,405 in CARE Title II funds. Accordingly, new programs were funded in the following service categories: Primary Medical Care, Housing and Housing Related Services, Food Bank/Home Delivered Meals, Dental Care, Mental Health Therapy & Counseling, Case Management, and Substance Abuse Treatment & Counseling. New programs in all other service categories were not funded. Existing programs in all categories will be continued.

IV. Chairperson's Report

There was no report.

V. Subcommittee Reports

a. Working Group on Nominations:

The Working Group on Nominations met twice and developed *the Process for the Nomination and Appointment of New Members*[2], which includes categories of membership required by Federal mandate and by the Planning Council. The *Process* states standards for membership that help the Planning Council achieve diversity in its membership. The new *Subcommittee on Membership* will oversee the nomination and appointment process.

The Council resolved to inelude in the categories of membership those required by tlie State for CARE Title II Consortia, such as: (1) the Housing Authority or the agency administering the HOPWA program, and (2) the State administered community-based care project. The Council agreed that all nominations will be reviewed by the Subcommittee on Nominations.

A> The following motion was seconded and passed.[3]

That the *Process for the Nomination and Appointment of New Members* proposed by the Working Group on Nominations is adopted, and that two categories of membership be added to reflect the categories of the State for CARE Title II Consortia.

The Subcommittee's next meeting will be on Thursday April 14, 1994, at 5:00 p.m. in the Fifth Floor Conference Room of the AIDS Office. Subsequently it will present to the Planning Council its recommendations about the optimum size of Council membership.

Vb. Long-Range Planning Subcommittee:

Steve Lew announced that the Long-Range Planning Subcommittee met and reviewed its original purpose, to develop the *Voices of Experience* study of client experiences with HIV services. The group discussed developing an ideal service model for San Francisco. The next step is to review the study and the implications of its findings. This review should involve consumers, providers and planners as well as Planning Council members, and result in determining how to implement its recommendations. The next meeting will be held on Thursday, April 14, 1994, at 6:00 p.m. in the Fifth Floor Conference Room of the AIDS Office.

VI. San Francisco AIDS Foundation

Alicia Lara of the AIDS Foundation presented their concerns about the CARE RFP process: how review team decisions are made, the need for additional review team training, and how CARE one-time funds might be used to benefit services in the Latino community.[4] Marcy Fraser noted that an RFP appeals process might solve some of the problems discussed by Ms. Lara. Service gaps should be considered in advance of developing the annual RFP for services, and should not be addressed solely with the use of one-time funds. If an error was committed in the last RFP process concerning the Latino community and its service needs, this may shed light on how to improve the RFP process. It was agreed Ms. Lara's memo should be reviewed by the RFP Working Group, which will review the RFP process in the near future.

VII. Visiting Nurses and Hospice (VNH) of San Francisco.

This item was removed from the Agenda.

VIII. American Indian AIDS Institute(AIAI)

Dr. Katz reviewed the decision of the AIDS Office to place the American Indian AIDS Institute in receivership. While there has been no problem with the services AIAI provides, there have been escalating governance problems between the board and the staff. The agency is not a non-profit corporation, and the fiscal agent, Bayview Hunter's Point Foundation, has not provided appropriate governance.

To resolve existing problems, the AIDS Office will facilitate a mediation to ensure that the agency will exist, so that it can continue to provide its valuable services. The board and staff of both agencies are in support of the receivership. It may require a three month period which will culminate in the selection of a new executive director, who in turn can solve other problems. Dr. Katz will provide updates at future meetings.

IX. HIV Housing Plan

Dr. Katz gave a précis of his presentation to the San Francisco Redevelopment Agency, which emphasized that the Plan supports the use of HOPWA funds to acquire properties for services required by those disabled by HIV/AIDS who have the *greatest need.* Its Commission unanimously endorsed the document as an action plan for housing development. The Commission believed that the 10% of HOPWA funding allocated to rental assistance was too low, and asked that the amount be increased. Accordingly, the final report will recommend that between 10 and 20% of HOPWA funds be budgeted for rental assistance.

B> The following motion was made and adopted:[5]

To endorse the priorities and strategies included in the San Francisco Five Year HIV/AIDS Housing Plan.

X. CARE RFP for Housing Services

Bill Haskell said that the Review Team recommends that another RFP be developed for the $741,104 available for housing and housing related services. In keeping with the recommendations of the San Francisco Five Year HIV Housing Plan, $75,000 should be set aside to match the HOPWA contribution of $75,000 for technical assistance and capacity building, to enhance the ability of service providers and housing developers to work together to develop much needed AIDS housing. In accord with the Review Team's recommendations, the remaining $666,104 should be allocated as follows:

$479,595	Long-term subsidies targeting existing transitional housing programs, residential treatment programs, and mental health programs;
$ 99,915	Emergency housing vouchers linked to transitional housing;
$ 86,594	Housing subsidies for youth.

C> The following motion was made and adopted:[6]

That a new RFP for Housing and Housing Related Services be prepared in the total amount of $666,104, for long-term subsidies for: 1) persons residing in existing transitional housing programs, residential treatment programs, and residential mental health programs; 2) emergency housing vouchers linked to transitional housing; and 3) housing subsidies for youth.

XI. CARE Act Reauthorization

Mike Shriver reviewed details of the strategies being used to ensure the reauthorization of the Ryan White CARE Act.

XII. Changes in the Bylaws of the Planning Council

Mr. Haskell reviewed the relevant changes in the Bylaws required by compliance with the Brown Act.

D> The following motion was made and adopted:[7]

To amend Section 7 of the Bylaws of the Planning Council to specify that (1) regular meetings of the Council shall be held in the Third Floor Conference Room at 25 Van Ness Avenue, San Francisco, California; and (2) any change in meeting site (to a different street address) must be announced at least fifteen (15) days in advance. To amend Section 8 to specify that a majority of the Council Members may also call for and schedule a special meeting.

XIII. Public Comment

Kate Krauss of ACT-UP Golden Gate presented her concerns about the AIDS Drug Assistance Program (ADAP).[8] The hotline phone number should be transferred to another organization, preferably the San Francisco AIDS Foundation. All advertising materials should be distributed state-wide. The role of the Professional Management Development Corporation (PMDC) in the administration of the San Francisco ADAP should be reviewed.

Dr. Katz reviewed the changes and improvements in the ADAP which have occurred in the past year, and stated that the ADAP hotline phone number has been already been transferred to the AIDS Foundation. He stated that he would review PMDC's budget. Steve Roger said that ACT-UP Golden Gate has been instrumental in getting the ADAP increased throughout the State, and that the program is working well on a decentralized basis. No advertising comes from ADAP funds, and no pharmacy bills the ADAP for reimbursement. $9,000,000 is spent state-wide on AIDS drugs through ADAP. Advertising is funded by San Francisco EMA CARE moneys. Jerry Windley asked that the entire issue be reviewed at a future Planning Council meeting, specifically the advertising budget and program, the product and result; how the whole program works, and how billing is accomplished. (The item is tentatively scheduled for April 28, 1994.)

XIV. Adjournment

The meeting adjourned at 7:30 p.m..

NOTES:

1 The agenda was approved unanimously: 2/28 Minutes: *Abstained*: Shriver (as acting chair), Times [2]; 3/14 Minutes: *Abstained*: Copello, Geaga, Sasser, Shriver (as acting chair), Windley, Wood [6].

2 HIV Health Services Planning Council Working Group on Nominations, *Process for the Nomination and Appointment of New Members*, 3/28/94,. 3 pp..[Attached hereto.]

3 Vote on Motion "A": For: Fraser, Geaga, Lenoir, Lew, Portillo, Ramos, Roger, Sasser, Thomas, Times, Windley, Wood [12]. Abstain: Shriver (as acting chair), Copello [2

4 Memo: Alicia Lara, AIDS Foundation, to CARE Planning Council, *Recommendations for CARE Awards Process*, 3/28/94, 2pp..

5 Motion B: For: Copello, Fraser, Portillo, Roger, Sasser, Thomas, Times, Windley, Wood [9]. Abstain: Shriver(as acting chair), Christen, Geaga, Lenoir, Ramos [5].

6 Motion C: For: Copello, Fraser, Geaga, Portillo, Sasser, Thomas, Times, Windley, Wood [10]. Abstain: Shriver (as acting chair), Christen, Lenoir, Ramos [4].

7 Motion D: For: Christen, Copello, Fraser, Geaga, Lenoir, Portillo, Ramos, Roger, Sasser, Shriver, Thomas, Times, Windley, Wood [14].

8 n.n., *Act-Up's Demands for the AIDS Drug Assistance Program*, 3 pp., n.d.

ATTACHMENTS:

- ◊ Working Group on Nominations, Report (see Note 2).
- ◊ Lara, Memorandum (see Note 4).

Next Council Meetings:

April 11 April 25 May 9 May 23

- *The Council meets on the second & fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items.*
- *Minutes of Meetings and all information distributed to Council Members, are available for inspection.*

For further information, please call the Council's Staff, 554-9549.

- *Minutes of Meetings are tentative until formally approved by the Council.*

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ATTACHMENT FOUR
(MINUTES 3-28-94)

SF AIDS FOUNDATION
SAN FRANCISCO AIDS FOUNDATION P.O. BOX 426182, SAN FRANCISCO, CALIFORNIA 94142-6182

March 28, 1994

APR 6 '94

TO: CARE Planning Council
FM: Alicia Lara, Government Contracts Manager

RE: Recommendations for CARE awards process:

This memo is in response to recent CARE funded awards, and serves to support testimony submitted to the Planning Council by Brenda Story of the Mission Neighborhood Health Center. I personally and professional share her concerns about the lack of case management or client advocacy services for Latinos with HIV/AIDS in San Francisco. This is especially difficult given available information about the overall under-utilization of services by Latino clients.

In considering options to deal with this particular issue, it becomes more clear to me that the RFP review process must be examined With this in mind, I offer the following suggestions to the Planning Council:

- Contextualize review team decisions within a framework informed by existing gaps in service, under-utilization of services, funding goals, etc. Review teams should be provided with a training that highlights "state of services" in San Francisco and provides the team with a summary of information received by the Planning Council. If providers do not address existing funding priorities or should the quality of proposals not merit funding, set funds aside for another RFP (as with CARE housing funds this year).

- Funding decisions must also be made within a context that considers other resources (e.g. General Fund) and systems. Clients are confused about the multiplicity of programs and services available to them. The Planning Council must acknowledge the reality of other sources of revenues and programmatic demands associated with those funding streams.

- Reconceptualize the use of one-time CARE funds. One-time funds could be utilized primarily as a tool to correct funding errors. Standards should be set by the Planning Council to determine conditions under which one-time funds would be used. At a minimum, where a demonstrated need exists among a population and no funds are made available to that community, a high priority should be placed on utilizing one-time funds. This implies a commitment by the Planning Council for

future funding. I realize this raises difficult issues with the Planning Council, however the issues associated with lack of services to specific communities raise unique concerns and challenges to the Planning Council which must also be addressed. The development of an appeals process might also be an appropriate way to deal with these issues.

- Continue to maintain strong linkages to advocacy groups or advisory boards such as the Health Services Advisory Committee, People of Color Advisory Committee, and the Contractors' Association as a way to inform the funding prioritization process.

I appreciate this opportunity to present these concerns to the Planning Council and offer my support in dealing with these issues. Please feel free contact me with any questions at 864-5855 extension 2567.

ATTACHMENT TWO
(MINUTES 3-28-94)

HIV Health Services Planning Council
WORKING GROUP ON NOMINATIONS
March 28, 1994

PROCESS FOR THE NOMINATION AND APPOINTMENT OF NEW MEMBERS

Background

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 provides emergency disaster relief funds to support HIV services in Eligible Metropolitan Areas (EMAs) hardest hit by the AIDS epidemic. In order for EMAs to receive funds, the CARE Act mandates EMAs create an HIV Health Services Planning Council to establish priorities for the use of CARE funds. The San Francisco HIV Health Services Planning Council was initially formed in November 1990. The Planning Council is the coordinating and oversight body for CARE Title I funds for the EMA, and is also the CARE Title II Consortium for the City and County of San Francisco.

The purpose and duties of the Planning Council are: (1) to develop San Francisco's comprehensive HIV health services plan for the organization and delivery of health care services; (2) to establish priorities for the allocation of CARE funds; and (3) to assess the efficiency of administrative mechanisms in rapidly allocating funds to areas of greatest need.

The membership of the Planning Council shall include a broad representation of the full range of entities that provide HIV services, as well as the individuals who receive HIV services within the EMA. However, individual members are nominated and appointed for their personal or professional knowledge and expertise, and do not represent the interests of any particular HIV service provider.

Categories of Membership

The CARE Act mandates that each Planning Council shall include representatives of:

a. Affected communities, including individuals with HIV disease
b. Health care providers
c. Community-based AIDS service organizations
d. Social service providers
e. Mental health care providers
f. Local public health agencies
g. Hospital planning agencies or health care planning agencies
h. Non-elected community leaders
I. State government
j. Grantees of early intervention programs under CARE Title III
k. The lead agency if any Health Resources and Services Administration (HRSA) adult and pediatric HIV-related care demonstration project

In addition, the Planning Council has required representatives of:

a. Hemophiliacs
b. Incarcerated persons
c. Home and community-based care projects
d. Homeless persons
e. Physically disabled persons, including the visually and hearing impaired
f. Advocates for new immigrants and undocumented persons
g. Housing Authority, or agency administering HOPWA program
h. State administered community-based care project

Standards for Membership

In its efforts to maintain representation of all mandated legislated categories as well as locally required categories, the Planning Council also strives to meet the following standards which reflect its goals for diversity:

1) one-third of the members represent community-based organizations, one-third hospitals and institutions (including the Department of Public Health), and one-third communities at large.

2) 30% of the members be persons openly identified as living with HIV disease, and these individuals be reflective of the EMA's HIV demographics. (Other persons with HIV disease may serve on the Planning Council without being public about their status).

3) the total representation on the Planning Council have a majority of gay/bisexual/lesbian persons and, of that group, at least 50% be persons of color.

4) representation be expanded to increase consumer expertise and experience in accessing services.

5) representation be expanded on behalf of historically underserved and disproportionately affected persons, including women with HIV disease.

6) consideration also be given to geographic representation for high risk and/or high incidence areas.

Nominations and Appointment Process

The process for the nomination and appointment of new members to the Planning Council, as well as the review of all issues related to membership, should be overseen by a permanently established subcommittee, called the **Subcommittee on Membership**.

1. The Subcommittee on Membership will meet at least twice each year to evaluate the representation and the diversity of the membership on the Planning Council.

2. If federallly mandated or locally required membership categories have not been filled, or if vacancies have occurred, the Subcommittee will identify the areas of expertise required and will prepare to replace them.

3. As part of its evaluation process, the Subcommittee may prioritize specific membership vacancies, and emphasize the need to address particular areas of knowledge or expertise required on the Council.

4. The Subcommittee will report to the Planning Council that its membership needs to be broadened, and will recommend the Council notify the community that: a) vacancies exist in specific membership categories; and b) nominations for membership may be submitted.

5. An advertisement requesting nominations for specific membership categories on the Planning Council will be placed in San Francisco's newspaper of record, and in a variety of other local community and gay/bisexual/lesbian newspapers.

6. All nominations for membership to the Planning Council should be submitted to Subcommittee on Membership, addressed to the Health Services Branch of the AIDS Office.

7. Nominations may be submitted in writing by organizations or individuals and may originate from community-based service providers, institutions or the Department of Public Health.

8. Written nominations should consist of a brief letter which demonstrates: a) the individual's experience, knowledge and expertise; b) the membership category requested to be filled; and c) a willingness to make a two year commitment of active involvement in the activities of the Planning Council.

9. The Subcommittee will review all nominations, documenting its review process, and will recommend to the Planning Council a single individual or group which most effectively fills the vacant categories of membership.

10. The standards for membership listed above will always be taken into consideration in evaluating nominations for membership. The Subcommittee may give priority to nominees who: (1) fill vacant categories of membership; and (2) address one or more of the standards for membership.

11. The Planning Council will review and accept the recommendations of the Subcommittee, and will submit the recommended nominations to the Mayor for consideration, for appointment as new members.

11. Following a review and consideration of these recommendations, the Mayor may appoint such new members to the Planning Council for the purpose of expanding membership or to fill vacancies as they occur.

12. To assist unaffiliated members to be actively involved in Planning Council activities, stipends will be available for transportation, child care, and food.

13. The term of office for membership on the Planning Council shall be a minimum of two years.

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HIV HEALTH SERVICES PLANNING COUNCIL

April 11, 1994
25 Van Ness Ave., Third Floor Conference Room
4:30 to 7:30 p.m.

AGENDA:

I.	**Roll Call**	4:30 p.m. - *sharp!*
II.	**Review of March 28, 1994, Meeting Minutes and April 11, 1994, Agenda**	
III.	**Chairpersons' Reports**	
IV.	**General Announcements**	
V.	**Subcommittee Reports** **Subcommittee on Evaluation.** Review the recommendation of awards of one-time only funds to qualifying CARE contractors. The funds are from unliquidated balances of contracts and memoranda of understanding, or unallocated funds from prior years.	5:00 p.m.
VI.	**Iris Center: Change in Contract Design** (Bill Haskell) Consideration of request by Iris Center to modify its contract. Vote.	5:20 p.m
VII.	**HOPWA Funding Availability** (Deborah Drickersen-Cortez) Ms. Drickersen-Cortez of the San Francisco Redevelopment Agency will detail remaining HOPWA funds. HOPWA (Housing Opportunities for Persons With AIDS) is a Federally-funded program. Council will provide guidance for the "NOFA" (Notice of Funding Availability) for these funds.	5:40 p.m.
VIII.	**Approval of CARE Title II Application** (Valerie Dorr) The Council, acting as the County of San Francisco Title II Consortium, will review and finalize the "Preapplication" for CARE Title II funds, administered by the State of California. The "Preapplication" is due on April 13, 1994.	6:10 p.m.
IX.	**Needs Assessment Activities in 1994 and 1995** (Dr. Katz) Planning of formal needs assessment activity by the Council and its support staff in 1994 and 1995 to ensure that the needs of persons with HIV and AIDS are known and satisfactorily met.	6:30 p.m.
X.	**Planning Council Meeting Logistics** Resolving problems resulting from time and place of Council meetings.	7:00 p.m.
XI.	**Public Comment**	7:15 p.m.
XII.	**Adjournment**	7:30 p.m.

The Council will meet on April 11 and April 25, 1994

The Council meets on the second & fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items. Minutes of Meetings and all information distributed to Council Members, are available for inspection. For further information, please call 554-9549.

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HIV HEALTH SERVICES PLANNING COUNCIL
April 11, 1994
25 Van Ness Avenue, Third Floor
4:30 -7:00 p.m.

I. **Roll Call**

MEMBERS: Present: Estela Garcia *(chair)*, Steve Burns, Gene Copello, Marcy A. Fraser, Barbara Garcia, Jaime Geaga, Gerald Lenoir, Gifford S. Leoung, Steve Lew, J.B. Molaghan, Bob Nelson, Carmen Portillo, Elliot S. Ramos, Steve Roger, Geoffrey Sackett, Sean Sasser, Laura Thomas, Rita Times, Jerry Windley, Mary Jane Wood [20].
Absent:. Pat Christen, Lester D. Hanson, Susan Karp, Scott Miller, Mike Shriver. [5].
STAFF: Valerie Dorr, Bill Haskell, Mitch Katz, Charles. Brand.

II. **Review of Minutes and Agenda**

The minutes of March 28, 1994, and the agenda of April 11, 1994, were approved.[1]

III. **General Announcements**

Dr. Katz reported on the American Indian AIDS Institute receivership. The was some criticism of the action, which ignored the fact that *all* parties agreed to this approach. Dr. Katz met with the AIAI advisory board, board chair, staff representatives, and the AIAI's fiscal agents. Two attorneys, one of them Native American, will provide one month of mediation services to try to resolve conflicts between the AIAI board and staff. It is urgent to maintain adequate services for this important target population.

IV. **Chairperson's Reports**

There was no report.

V. **Subcommittee Reports -- Subcommittee on Evaluation.**

Ms. Wood presented the Subcommittee's recommendations on the process for allocating the unliquidated CARE Title I balances from prior years. Several contractors said (1) if they had known that the CARE Supplemental award for San Francisco would be lower than expected, and (2) that various new programs and augmentations would not be funded, they would have changed the priorities of their applications for one-time funds. Others who had not applied said that, under the circumstances, they certainly would have done so. The Council adopted the application process *before* it knew the Supplemental amount. Accordingly, the Subcommittee recommended that the application period should be reopened. Review of applications indicate the need for additional format and informational requirements. Applicants should be required to provide a line-item budget, with justification for each line. There should be various cost parameters, such as a standardized amount for general computers and printers. Other items should be disallowed (e.g., travel, construction requiring permits, buyout of equipment leases, etc.). The basic eligibility criteria would be unchanged.

Mr. Burns suggested that applicants be required to explain how they intended to fund programs in subsequent fiscal years that would be supported by these one-time funds. Mr. Lenoir was concerned about changing rules in the middle of the RFP process. Ms. Dorr explained that this was not an RFP process, or subject to those limitations. Mr. Molaghan noted that many programs that cannot be funded would have been important augmentations of existing programs. He made the following motion, which was seconded by Ms. Fraser, and approved by the Council.[2]

A> To accept the recommendation of the Subcommittee on Evaluation on the application and approval process for one-time CARE funds.

VI. **Iris Center: Change in Contract Design** (Bill Haskell)

Members considered proposed changes to the upcoming renewal contract for Iris Center's 1994-1995 counseling and acupuncture services for HIV-positive women. Mr. Haskell noted that the Iris Center formerly provided these services as contractors with the Department of Public Health's Community Substance Abuse Services division. Now they are contracting with the AID Office directly. Their experience in serving women demonstrated the urgent need to offer childcare and outreach, which they are currently providing without reimbursement. They proposed a broader definition of units of service (UOS) to include these two activities in the 1994-95 contract. They also proposed a reduction in UOS because the UOS included in the 1993-94 contract were incorrectly calculated. Contractual unduplicated clients (UDC) will not change.

Estela Garcia asked why the matter was not handled administratively, without the Council's formal action. Mr. Haskell said that Council action was desirable since a significant broadening of services was involved. Mr. Lenoir asked that, in the future, Members receive a written summary of all proposed UOS and other changes for any other contract changes to be considered by the Council. Ms. Fraser moved to change the contract. The motion was seconded and passed.[3]

B> To change the Iris Center contract for counseling services to HIV positive women, as recommended by the AIDS Office.

VII. HOPWA Funding Availability (Deborah Drickersen-Cortez)

Ms. Drickersen-Cortez of the San Francisco Redevelopment Agency discussed the balance of the unallocated HOPWA funds, and suggested various ways to prioritize the use of these funds. [HOPWA is a federal program: Housing Opportunities for Persons with AIDS.] The Members agreed that disbursement should follow the guidelines of the Five-Year Housing Plan recently approved by the Council. The following motion was made by Mr. Burns, seconded by Mr. Molaghan and approved.[6]

D> **That the San Francisco Redevelopment Agency prepare a NOFA (Notice of Funding Availability) for $4,500,000 in HOPWA funds, to be disbursed as follows: 64%-74% for capital expenditures, 10%-20% for rental assistance, 15% for supportive services (with approximately 1% for technical assistance which would not be included in the NOFA).**

Dr. Katz distributed a memorandum concerning tenant-based rental subsidies. The memo included recommendations for: (1)redirecting CARE funds in the amount of $666,104 recently allocated by the Council for new housing programs so that it could be used to fund four tenant-based rental subsidy programs initially awarded HOPWA funds, and (2) evaluating different options for funding all tenant-based rental subsidy programs.[4] Should CARE *or* HOPWA funding support these housing subsidy programs? HOPWA funds entail following extensive HUD reporting and monitoring requirements.

In the short term, the use of CARE funds for these four tenant-based rental subsidy programs would enable them to be started as quickly as possible, without being constrained by any of the administrative requirements of HUD. In the long term, for any HOPWA supported tenant-based rental subsidy programs, the Redevelopment Agency stated that the most efficient approach to address these requirements may be to use resources and expertise of the San Francisco Housing Authority. However, some individuals on the Council and in the community were concerned about the efficiency and cost of the Housing Authority's involvement. If each small tenant-based rental subsidy program remained autonomous, there might be difficulty complying with the HUD requirements. The efficiency, confidentiality, and cost of the Housing Authority administration could be controlled by using designated staff to manage these subsidy programs. Some cities, such as Boston and Seattle, give their housing authority a major role in the administration of AIDS housing subsidies. Mr. Sackett described Marin's experience with using its housing authority, which has been satisfactory. In its discussion, the Members unanimously favored a short-term strategy that expedites the start-up of these housing subsidy programs with the use of CARE funds.

A community meeting is scheduled as a planning forum on April 20, 1994, to obtain input concerning the best ways in which to develop tenant-based rental subsidy programs, and the most effective way to fund them. The findings of this planning forum will be brought before the Planning Council. Discussion was continued until the Meeting of April 25, 1994, at which time a formal vote will be taken concerning the sort term solution to replace HOPWA funds with CARE funds to support the four tenant-based rental subsidy programs.

VIII. Approval of CARE Title II Application (Valerie Dorr)

The Council approved the "Preapplication" prepared by AIDS Office staff for CARE Title II funds, administered by the State of California. The following motion was made, seconded, and approved unanimously.[5]

C> **To approve the CARE Title II Preapplication to the State of California.**

IX. Needs Assessment Activities in 1994-1995 (Dr. Katz)

Dr. Katz said that the 1994-95 needs assessment activities soon to be undertaken will ensure that the Council and AIDS Office know the service needs of persons with HIV and AIDS. Focus groups were the best way to answer very specific questions in 1993-94. The Voices of Experience study was last year's effort to obtain a client perspective on services, and it was based on information obtained in focus groups. The Health Services Branch's 1993-94 systemwide Needs Assessment Study, with its large number of respondents, provided the perspectives and information unavailable from focus groups. For 1994, the same questionnaire has been simplified to improve response, and will be distributed and collected by 15-20 AIDS Office staff who are skilled in interviewing and will spend a day or two at every CARE-supported agency.

Dr. Katz said that he hopes to begin to generate reports in July instead of September, and present the findings of the needs assessment activities to the Council earlier than in the past, which will provide much more time understand gaps in service and to prioritize service categories for 1994-95 funding. He distributed a draft of the questionnaire to the Members and asked for their comments. Additions should be balanced with recommended deletions, to avoid producing an oversized, dysfunctional questionnaire.

X. Planning Council Meeting Logistics

The Members discussed site and scheduling problems. Currently, the seating in the Third Floor Conference Room at 25 Van Ness Avenue is inadequate for the full Membership, ventilation is poor, and a large number of attendees cannot be accommodated. Council staff will check other sites and report back. Most Members come to the Council meetings immediately after work, and find it difficult to be fully attentive and productive without adequate nourishment. Various possibilities were discussed, including catering (at Members' expense). Several Members volunteered to explore the matter further.

XI. Public Comment

There was no public comment.

XII. **The Planning Council adjourned at 7:00 p.m..**

Notes:

1 Vote on Acceptance of Minutes of March 28, 1994: *For:* Burns, Copello, Fraser, B. Garcia, Geaga, Lenoir, Leoung, Molaghan, Nelson, Portillo, Ramos, Roger, Sackett, Sasser, Thomas, Times, Wood [17]. *Abstain:* B. Garcia [1]. Mr. Sackett noted that the Minutes of March 14, 1994, erroneously listed the Marin AIDS Council as the proponent of the challenge to the State's needle exchange policy. Actually it is the California Syringe Exchange Network that is spearheading the effort. Mr. Sackett distributed to the Members a letter from the Network, dated 4/9/94, that describes their effort.

2 Vote for Motion "A": *For:* Copello, Leoung, Portillo, Roger, Sackett, Thomas, Times, Wood [8]. *Opposed:* Fraser, Windley [2]. *Abstain:* Burns, B. Garcia, Geaga, Lenoir, Molaghan, Nelson, Ramos, Sasser [8].

3 Vote for Motion "B": *For:* Burns, Copello, Fraser, B. Garcia, Geaga, Lenoir, Leoung, Lew, Molaghan, Nelson, Portillo, Ramos, Roger, Sackett, Sasser, Thomas, Times, Windley, Wood [19]. None opposed.

4 Mitch Katz to HIV Health Services Planning Council, *Recommendations For: Funding Four HOPWA Tenant-Based Rental Subsidy Programs; and Evaluating Options for Funding All Tenant-Based Rental Subsidy Programs,"* 4/11/94, (5 pp.).

5 Vote for Motion "C": *For:* Burns, Fraser, B. Garcia, Geaga, Lenoir, Leoung, Lew, Molaghan, Nelson, Portillo, Ramos, Roger, Sasser, Thomas, Times, Windley, Wood [17]. *Abstain:* Copello, Sackett [2].

6 Vote for Motion "D": *For:* Burns, Copello, Fraser, B. Garcia, Lew, Molaghan, Portillo, Roger, Sackett, Sasser, Thomas, Times, Windley, Wood [14]. *Abstain:* Lenoir, Ramos [2].

Next Council Meetings:
April 18 May 9

The Council meets on the second & fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items.
Minutes of Meetings and all information distributed to Council Members, are available for inspection.
Minutes of Meetings are tentative until formally approved by the Council.
For further information, please call the Council's Staff, 554-9549.

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RECOMMENDATIONS OF SUBCOMITTEE ON EVALUATION CONCERNING REQUESTS FOR ONE-TIME FUNDS

APRIL 11, 1994

The Subcommittee on Evaluation received 51 requests for one time funds from 37 agencies. Of these, ten programs were determined to be ineligible for one time funds based upon the eligibility criteria.

The overall recommendation of the Subcommittee is that the process be reopened to allow organizations who have eligible programs to request one time funds, and to allow organizations who already applied to revise both the content and dollar amount of their request.

This recommendation is based on the following:

The definition of Formula and Supplemental changed this year in regard to the risk of awarded funds based upon the Supplemental award. In years past, Formula funds were "secure" while Supplemental funds were "at risk". Because the AIDS Office attempted to put agencies on a single funding cycle for all funds, this meant that some newly awarded programs were funded on the Formula funding cycle with Formula funds. However, it was always the intent of the Council that if fewer funds were awarded than requested in the Supplemental Application, that new programs (regardless of their funding source) would be funded by review team score within the priority areas established by the Council. This would mean that some Formula, as well as some Supplemental, funded programs would not be funded.

Some agencies were unclear about this shift in the manner in which funds are allocated. As a result, once they received an award letter for Formula funds, they assumed those funds were secure and requested one time funds for lower priority items needed by their program. Some agencies who were to receive Supplemental funds hedged their bets and asked for one time funds for some of the same items contained in their RFP response. Other agencies received their award letter and assumed that their new program was awarded funds and they were taken care of, and therefore did not apply for one time funds at all.

One time funds have traditionally been seen as providing a little extra to programs that are performing well. The subcommittee was concerned that there were many requests from programs that requested the "little extra" to supplement what they thought they were already getting. In the absence of funding for augmentation to their program, the "little extra" might not make sense.

Reopening the process allows for a win-win situation where programs are allowed to ask for what they really need and the Council is able to award one-time funds that will do the most to meet program needs in a sensible manner.

In addition: the Subcommittee would like to notify all agencies that were not eligible, request all applicants to provide a line item budget with a one line justification for each item, state parameters regarding the dollar amount that will be approved for items such as computers so that there are not varying amounts for the same or similar items, indicate whether funds will be awarded to cover overhead costs, indicate whether funding will be provided for conferences or other staff training, and indicate whether funds will be allocated to buy out existing leases of equipment.

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HIV HEALTH SERVICES PLANNING COUNCIL

April 25, 1994

25 Van Ness Ave., Third Floor Conference Room

4:30 to 7:30 p.m.

AGENDA:

I.	Roll Call	4:30 p.m. - *sharp!*
II.	Review of April 11, 1994, Meeting Minutes and April 25, 1994, Agenda	
III.	Chairperson's Report	
IV.	General Announcements	
V.	Subcommittee Reports 1. Subcommittee on Membership (Thomas) 2. Subcommittee on Long-Range Planning	5:10 p.m. 5:30 p.m.
VI.	Allocation of Remaining HOPWA Funds Vote on 4/11/94 proposal to allocate remaining HOPWA funds according to the distribution in the Five Year Plan. (HOPWA (Housing Opportunities for Persons with AIDS) is a Federally-funded program.)	5:45 p.m.
VII.	Conflict of Interest Code (Tim Piland) Discussion of proposed conflict of interest code for Planning Council Members. Vote on proposed code.	6:00 p.m.
VIII.	Training for New Council Members (Bill Haskell) Planning a training session tentatively scheduled for May 16, 1994. Topics to include the history of the Planning Council, its activities and goals, and the relevant legislation and regulations.	6:30 p.m.
IX.	Alternative Meeting Sites (Charles Brand) Consideration of site with larger and more functional seating capacity.	6:40 p.m.
X.	Public Comment	6:45 p.m.
XI.	Adjournment	7:30 p.m.

The Council will meet on April 11, May 9 and May 23, 1994

The Council meets on the second & fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items. Minutes of Meetings and all information distributed to Council Members, are available for inspection. For further information, please call 554-9549.

HIV HEALTH SERVICES PLANNING COUNCIL

April 25, 1994

The Minutes of this meeting are missing.

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HIV HEALTH SERVICES PLANNING COUNCIL

May 9, 1994
25 Van Ness Ave., Third Floor Conference Room
4:30 to 7:30 p.m.

AGENDA:

I.	**Roll Call**	4:30 p.m.
II.	**Review of April 25, 1994, Meeting Minutes and May 9, 1994, Agenda**	
III.	**Chairperson's Report**	
IV.	**General Announcements**	
V.	**Subcommittee Reports** **Subcommittee on Membership** Status of agency nominations to the Council.	5:10 p.m.
VI.	**The AIDS Drug Assistance Program (ADAP) (Steve Roger, Michelle Dixon)** Mr. Roger will present an overview of ADAP, the State of California program to provide easily accessible pharmaceuticals to persons with HIV or AIDS.	5:30 p.m.
VII.	**Training for New Council Members** (Charles Brand) Rescheduling the general orientation session for new Members.	6:30 p.m.
IX.	**Alternative Meeting Sites** (Charles Brand) Continued from the meeting of April 25.	6:40 p.m.
X.	**Public Comment**	6:45 p.m.
XI.	**Adjournment**	7:30 p.m.

The Council will meet on May 9 and May 23, 1994
The Council meets on the second & fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items. Minutes of Meetings and all information distributed to Council Members, are available for inspection. For further information, please call 554-9549.

Attachments (to Members):
Memoranda 4/26/94 M. Katz, M. Dixon to K. Krauss, Act Up Golden Gate

City and County of San Francisco

Department of Public Health

MEMORANDUM

April 26, 1994

TO: Katie Krauss
Edward Zold
Act-Up Golden Gate

FROM: Mitchell Katz, MD
Director, AIDS Office

Thank you for your messages telling me that the meeting for today is canceled. I can certainly understand it if you would like to review the materials we faxed you prior to meeting together.

I would like to make it clear, however, that putting our responses to the issues raised by Act-Up in written form prior to today's meeting was something we initiated because we thought it would be helpful. Today's meeting, which was planned at our last meeting held at the offices of State Senator Milton Marks did not have as a precondition our completing a written response.

I remain steadfast in the view that we cannot resolve this issue unless all concerned parties can sit around a table and discuss the issues openly. We asked that the last meeting occur when Michelle Dixon, the Program Manager for this program, was in town, and include Sylvester Flowers, the contractor. Both of these requests were not agreeable to you. We then set up today's meeting at a time chosen by you, made numerous calls and arranged schedules so that everyone could be present.

I remain hopeful that we can meet together soon and resolve this issue.

cc: Sandra Hernández, MD
Michael Bosia
Jerry Winley
Sylvester Flowers
Michelle Dixon

MK.DOCPC 12

City and County of San Francisco | Department of Public Health

April 26, 1994

Kate Krauss
Act Up Golden Gate
San Francisco, CA

Dear Ms. Krauss,

Thank you for your letter of March 16, 1994 expressing your concerns about the AIDS Drug Assistance Program (ADAP). I understand that you met with the Director of the AIDS Office and other staff on April 7, 1994 to discuss your concerns while I was on vacation. I would like to take this opportunity to respond to the outstanding issues from your letter, the meeting that was held, and the letter of April 11, 1994 from Mike Bosia of Milton Marks' office. To clarify the issues:

- How was PMDC selected as the contractor for the ADAP? Sylester Flowers, Executive Director of PMDC, was recommended to the AIDS Office in our initial decentralization planning phase as someone knowledgeable about the decentralized distribution of drugs. The source of the funding for the administration of program dictates that we contract directly with non-profit organizations only. PMDC meets this requirement and was able to quickly mobilize community based pharmacies and tailor an automated data processing system to meet ADAP's programmatic requirements. PMDC maintains a part-time pharmacy manager on staff to ensure coverage for questions raised by participating pharmacies.

- **Drug purchasing and distribution: Pharmacies, wholesalers** In the original concept of the decentralized ADAP a contingency provision was included in response to concems expressed by independent community pharmacists relative to their ability to afford to stock the more expensive drugs in the ADAP formulary and to fully participate in the program. The plan was for PMDC to develop agreements with wholesalers to purchase the drugs at low bulk prices and distribute them to the pharmacies as necessary (hence, money allocated for shipping and handling). We discovered, as people started to "settle in" with the pharmacy of their choice that drug purchasing and distribution would not be a necessary function of PMDC and so it was never implemented.

- Why are different pharmacies reimbursed at different rates for drugs? The State sets maximum reimbursement rates per drug. The State reimbursement will not exceed the lowest of the three levels of payment - 1) maximum allowable cost applicable only to multiple source drugs, 2) the acquisition cost of the drug plus a reasonable dispensing fee, and 3) the provider's usual and customary charge to the public for the drug. PMDC invoices the State for the amount that each pharmacy invoices PMDC. The cost of the drug may depend upon several factors which include whether or not the drug is a multiple source drug (with more than one manufacturer, with different prices per manufacturer), and the contractual agreement the pharmacy has with a particular wholesaler from which

the drugs are purchased, which involves the volume of drugs purchased and the timeliness of payment. Each pharmacy has a negotiated contract with PMDC which attaches them to the ADAP network . Maximum reimbursement formulas are negotiated based upon the pharmacy category - chain pharmacy, hospital pharmacy, or independent pharmacy. Your example, Castro Village Phamacy, is reimbursed at the maximum rate as an independent pharmacy (which assumes the lack of volume purchasing discounts of a hospital or a chain pharmacy), which was their status at the time of the original agreement. All agreements will be reviewed during the next contract period and terms renegotiated as appropriate.

- **Changes in the 1994-95 PMDC Contract** The negotiations for the 1994-95 PMDC contract are in progress. The renewal contract will differ from previous years' contracts in that language pertaining to process objectives will change to reflect "fine tuning" of the decentralized model; the methodology section will include all program enhancements completed during the prior contract period (eligibility decentralization, etc.), and changes in the responsibilities of the contractor such as no development of a wholesaler contract or drug purchasing and distribution.

- **Outside review or audit of the role of PMDC in administration of the San Francisco ADAP.** As is customary before the awarding of a new contract, a New Contractor's Checklist was completed to indicate the agency's management ability. PMDC is scheduled to receive its first annual monitoring site visit this summer, which will review the administrative, fiscal, and programmatic performance of the agency. During this site visit, a random sample of claims will be tracked to verify accuracy. Once completed, copies of all monitoring reports are available for public review, and you may review the PMDC report at that time.

- **Immediate transfer of the hotline to friendly, informed bi-or tri-lingual operators, preferably at the AIDS Foundation or San Francisco General's Ward 86.** Per our conversation on February 11, 1994, I agreed that the suggestion that the 800 line be "patched" into the San Francisco AIDS Foundation (SFAF) hotline was one bearing further investigation and conversation with SFAF. While PMDC does have the capacity to provide bi-lingual service (English/Japanese), and absorbed the cost of installation of a business line to handle the calls and staffing for the phone line, the multi-lingual capability of the SFAF would obviously be a benefit to program participants and an asset to the program. Subsequent to our conversation, meetings between AIDS Office staff and SFAF staff occured, agreement was reached, and the ADAP 800 number was patched into the SFAF hotline effective March 30, 1994. SFAF hotline staff have received program information updates which includes a list of the program formulary as of April 1, 1994 and a list of contact numbers for ADAP program coordinators throughout California.

- **Quick transfer of the advertising materials, which are primarily state-funded, to AIDS organizations statewide.** As I informed you during our conversation on February 11, 1994, advertising materials for the San Francisco ADAP were funded through San Francisco's Federal CARE Title I allocation, suggested and approved by the Mayor's HIV Planning Council. The State has not allocated any funds to San Francisco for advertisement or administration of the ADAP. Because local CARE funds were used for this project and because each county has a different system for client access of the

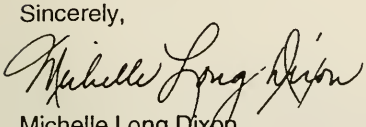
ADAP, materials developed in San Francisco pertain only to the decentralized San Francisco ADAP, listing local registration sites, local pharmacies, and local procedures. We have always responded to questions from other counties and states about the operation of the San Francisco ADAP and will continue to do so. A copy of the resource guide will be sent to all county ADAP administrators this week. As soon as all materials are completed and/or updated, a sample packet will also be mailed to each of the county ADAP administrators.

The ADAP Advertising campaign budget and the timeliness of development. The funds for the advertising campaign were included as a subcontractual line item in the PMDC contract, detail consistent with other AIDS Office contracts. Enclosed is another copy of the estimated advertising budget for the ADAP. The contractual amount for advertisement of the ADAP was $40,000. An additional amount ($34,000) was included in the subcontract with Hispanic Headquarters for production of a resource guide to low cost prescription medication services for persons with HIV, of which the ADAP is but one of several options. The resource guide was completed in November 1993. The guide was introduced and distributed at several meetings of AIDS service providers. Copies have been distributed to the district health centers and all eligibility sites. Feedback on the resource guide has been predominantly positive, especially around the depth and clarity of information provided. The ADAP advertising campaign uses a multi-media approach which includes a multilingual brochure (with no illustrations), a bus card advertising campaign that ran for 4 weeks on all city buses, and a poster. An ADAP advisory committee was selected to assist in the development of the advertising campaign and to give feedback relative to gaps in the system as perceived by clients and providers (As a member of the advisory committee your first and only attendance was at the meeting during which decisions were made about how the 800 line should be handled - what agency should be responsible for fielding the calls, the scope of information delivered, etc.).

While we would have liked to have advertising materials available from the inception of the program, we felt that our first priority was to develop a mechanism to relieve the strain of an overtaxed pharmacy system at San Francisco General Hospital (SFGH), which was causing excessive wait time for disabled and chronically ill persons with AIDS/HIV disease, as well as for other patients. We have, in less than two years, converted from a system whereby all ADAP clients had to go to SFGH Ward 86 each month to re-register for the program, then submit their prescriptions to the SFGH Pharmacy and wait hours, or return the next day, to pick up their medications. ADAP clients now enjoy the greater convenience of having a choice of 12 community enrollment sites for annual registration, and the choice of 58 community pharmacies for quick prescription filling. Client feedback has been very positive. The ADAP brochure was delayed until the details of the decentralized concept could be tested and finalized. We wanted to insure that we did not waste money and time publishing information that would immediately become obsolete and misleading due to the continuing evolution of the program. We feel that, at this point in the process, the ADAP brochure, scheduled for completion and distribution in May 1994, will provide up-to-date information that will be helpful to any prospective user of the ADAP.

Hopefully, this letter will resolve much of the confusion around the San Francisco ADAP. If there are other issues, I would be glad to respond to them as well.

Sincerely,



Michelle Long Dixon
Chief, Community Based Organizations
Health Services Branch

Attachment

cc: Mitchell Katz, M.D., Sandra Hernandez, M.D., Jan Gurley, M.D., Valerie Dorr, Herman Levias

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Created: Sept 10, 1993
Revised: October 4, 1993

PHARMACEUTICAL ADVERTISING CAMPAIGN

Hispanic Headquarters Cost Estimates

Scenario #B

		#1 logo	#2 sign	#3 broch.	#4 poster	#5 bus	#6 door	in-bus ads		TOTAL
Copy, Design &Mech				$1,200	$1,475					$2,675
Color Separations				$1,580	$1,660					$3,240
Printing Quantities										$0
	50									$0
	75									$0
	100									$0
	500				$1,620					$1,620
	750									$0
	1000									$0
	2000									$0
	7500			$5,125						$5,125
	10000									$0
Posting										$0
Acct Mgmt									$1,575	$1,575
Other								$9,670		$9,670
										$0
TOTAL		$6,000	$0	$7,905	$4,755	$0	$0	$9,670	$1,575	$29,905
		$8,000	$0	$7,905	$4,755	$0	$0	$9,670	$1,575	$31,905

NOTES:

#1 Presentation of 4-5 concepts - we pick one or a variation of several; can save $ by presentation of roughs (B&W) instead of comps (color)

Question: Can we use the same design for posters & counter sign?

Cost for translation into multiple languages

Trade off counter top sign (#2) and door stickers (#6) for in-bus advertisement

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HIV HEALTH SERVICES PLANNING COUNCIL

May 9, 1994

25 Van Ness Avenue, Third Floor

4:30 -7:00 p.m.

I. Roll Call

MINUTES

MEMBERS: Present: Estela Garcia *(Chair)*, Marcy A. Fraser, Barbara Garcia, Lester D. Hanson, Susan Karp, Steve Roger, Laura Thomas, Rita Times, Mary Jane Wood **[9].**
Absent:. *Steve Burns, Pat Christen, Gene Copello, Jaime Geaga, Gerald Lenoir, Gifford S. Leoung, Steve Lew, Scott Miller, J.B. Molaghan, Bob Nelson, Carmen Portillo, Elliot S. Ramos, Geoffrey Sackett, Sean Sasser, Mike Shriver, Jerry Windley **[16].***
STAFF: Michelle Dixon, Valerie Dorr, Bill Haskell, Mitch Katz, Herman Levias, Charles Brand.

II. Review of Minutes and Agenda

The minutes of April 25 and the agenda of May 5, 1994 will be reviewed at the meeting of May 23, 1994..

III. General Announcements

Dr. Katz said that the Board of Directors of the American Indian AIDS Institute, Inc. (AIAI) canceled the April 25 mediation meeting and has not responded to the effort to reschedule.[1] On April 29 the Board fired eight of the 10 staff members and closed the offices for "reorganization" until May 11, 1994. These eight are employees of the two fiscal agents, and are temporarily sharing AIDS Office premises in order to maintain vital services for Native Americans. Two issues must be resolved definitively: (1) the confidentiality and proper location of clients' records, and (2) the return of all Health Department property and equipment. Because the AIAI, Inc. Board has jeopardized services to the Native American community, the AIDS Office has requested that the fiscal agents, Bayview Hunter's Point Foundation and the National Taskforce on AIDS Prevention, terminate their subcontractual relationship with AIAI, Inc.

- Barbara Garcia, the Council's Title II representative, said that the (Federal) Department of Housing and Urban Development (HUD) reduced the State HOPWA grant amount by nearly 25%. Jeff Byers of the State Office of AIDS provided additional information. HUD included San Bernardino-Riverside's HOPWA grant in the original amount. That locality had become an EMA and, as San Francisco, will receive HOPWA funds directly from HUD. Two months later, HUD notified the State of an $862,000 reduction. By that time, some consortia had already prepared budgets and released RFPs. Although San Francisco will not receive a reduction in funding, the Planning Council is displeased. Ms. Garcia will determine what type of intervention will be most effective.

- Ms. Dorr advised the Council that the subcontract for "Adoption Foster Care Assistance" will be transferred from the Dept. of Social Services to Legal Services for Children. It is a logical "fit." Many AFDC clients dislike the DSS affiliation, fearing loss of their children if their AIDS diagnosis is learned. On May 2 DSS requested the transfer at the close of the current fiscal period. Legal Services for Children is a nonprofit corporation, and there will be no change in services.

- Ms. Dorr announced that the press release for the *Voices of Experience* study was issued May 5. There has been some media comment.[2]

IV. Chairpersons' Reports

There was no report.

V. Subcommittee Reports: Subcommittee on Nominations.

Mr.Haskell reviewed the efforts to achieve the Council's membership goals. The four agencies that must be represented, were asked to nominate a representative. To date, only Westside Community Mental Health has responded, nominating Janet Nasser. The Subcommittee will review all additional nominations and forward them to the Council with their recommendations. This month advertisements will be placed in the media soliciting nominations of candidates who meet one of these criteria: the incarcerated, the homeless, the developmentally disabled, and advocates for immigrants and undocumented persons. The final number of 34 council members must include at least 11 HIV-positive persons.

Subcommittee on Long-Range Planning

Ms. Thomas said that the Subcommittee met last week and agreed that the Council needs a general, comprehensive plan to guide its priority-setting. Their next meeting is May 20.

VI. The AIDS Drug Assistance Program (ADAP)

Mr. Roger explained the background, goals and operation of the ADAP.[3] The objective is to get AIDS drugs to those who need them, and ensure that no one "falls through the cracks." Local health departments receive a semiannual allotment based on their previous six months' expenditure. The State does not reimburse administrative costs, since drug costs for the indigent are technically a county responsibility and would exceed the cost of administration. The State does pay a dispensing fee of $4.05 per prescription.

The publicity brochure (*Financial Assistance for AIDS/HIV Drugs)* was prepared two years ago and printed until six months ago. Inserts will keep the contents up-to-date. There various "hotlines" listed in the brochure are now fully informed about ADAP. The drug mail order program will begin soon. The RFP will be released shortly.

Ms. Dixon focused on the history of ADAP in San Francisco. In late 1991 the centralized program at San Francisco General Hospital began to lose its ability to serve clients efficiently. The AIDS Office investigated ADAPs in other counties and states. Sylester Flowers of Professional Management Development Corporation (PMDC), a subsidiary of Ramsell Corporation, was recommended for his successful provision of drug services for Community Mental Health Services. Mr. Flowers helped the AIDS Office design an action plan to relieve the congestion at SFGH and handle an increase of Formulary drugs from 2 to 14, scheduled for 1992. Due to the emergency (not being able to adequately serve clients), the AIDS Office obtained a sole-source dispensation from the Health Commission to contract with PMDC. The contract was slated to begin January 1993, but the contract certification process delayed it until March. ADAP eligibility has been reduced from monthly to quarterly and, finally, to annually. Since March 1, 1994, the district health centers also provide enrollment and eligibility services. A client satisfaction survey began May 1. The 25 survey responses received from clients by May 6 indicate general satisfaction. There are 1,930 clients in the system, and 500-600 are seen monthly for renewals and prescriptions. Currently there are 56 new enrollees a month.

Mr. Flowers told the Council that PMDC is a high-tech operation. The service is centralized nationwide. All pharmacies and contractors are linked to the Atlanta mainframe of National Data Corporation. PMDC receives eligibility information by fax, and sends updates nightly to Atlanta. Local pharmacies call Atlanta for eligibility confirmation, at a cost of 7 to 12 cents per call. PMDC uploads all newly approved drugs. The system prevents "double-dealing," since it informs pharmacists when a drug was last filled. PMDC spearheads the advertising program, which included a month-long bus poster program and a multilingual brochure. It is developing a resource guide.

Q: Is ADAP underutilized in San Francisco? (Ms. Fraser.) **A**: There are too many variables to know how many persons are eligible. These variable include the actual need for different drugs, income level, and desire to participate. *(Ms. Dixon.)*

Q.: What is the status of the hotline now? (Ms. Fraser.) **A.**: The bus posters listed a number that was patched into PMDC. Now the tie-in has been transferred to the AIDS Foundation. (Ms. Dixon.) Ms. Katie Krauss of Act Up Golden Gate said that the referral system has been adequate for two weeks.

Q.: How many females are enrolled in ADAP, Syl [Flowers]? (Ms. B. Garcia.) **A.**: In March, 25 of the 706 clients were female. (Mr. Flowers).

Q.: What is the status of the Contract? (Ms. Fraser.) **A.**: It will be renewed, per the policy for single-source contracts. The vendor provides unique, acceptable service. As with all our contracts, it will be monitored this summer. *(Dr. Katz.)*

Q.: What is the timeline for improving the pamphlet? (Ms. B. Garcia.) **A:** Another comes out this month, in four languages. (Ms. Dixon).

Several persons of the public posed questions about ADAP. A person with AIDS criticized the dearth of information about ADAP. He first learned about co-payment tonight. The brochure was inexcusably late. His partner did without an expensive drug for a year, although it was covered. There is not timely announcement when new drugs are added to the Formulary. What are the standards of care? Who monitors ADAP? Is it bureaucrat-heavy, as indicated by the long-delayed brochure, and the failure to inform hotlines of the program? ADAP should primarily target *working people without drug coverage*. Were HIV+ persons involved in ADAP or PMDC?

Ms. Kate Krauss, of Act Up Golden Gate, said that sometimes she is the first to inform Ward 86 (SFGH) and Kaiser about ADAP changes. The program is inadequately publicized. Who is responsible for the delayed, poor advertising? How could two pamphlets and a month's bus cards cost $71,500? Act Up Golden Gate insists that (1) advertising materials be distributed statewide to CBOs; (2) City and State ADAP expenditures be audited; (3) all ADAP contracts be audited; (4) the AIDS Office's refusal to provide information per Sunshine Ordinance requirements be investigated. Why was PMDC's contract renewed April 30 without competitive bidding?

Mr. Ed Zold of Act Up Golden Gate noted the difficulty of obtaining contracts from the AIDS Office. Required information was provided 90 minutes before a meeting with Dr. Katz. The AIDS Office staff ignored the Sunshine Ordinance. Syl Flowers is insensitive about issues like confidentiality. He has contacted HRSA, who recommend that he deal directly with the Planning Council.

VII. Training for New Council Members

The training session date is Monday, June 6, from 4 to 7:00 p.m. in the Fifth Floor Conference Room at 25 Van Ness Avenue.

VIII. Alternative Meeting Sites

Additional Civic Center sites were checked. They are smaller or offer no advantage over the current location.

X. Public Comment

Montana Jones and James Abrams addressed the Council. They were fired by A.I.A.I., Inc., and are providing the basic subcontract services from AIDS Office premises. Ms. Jones said that one of her clients tried to obtain assistance from A.I.A.I., Inc., after it had closed for "reorganization," and was rebuffed. That night she died from a drug overdose. Mr. Abrams said that since the dismissal of former A.I.A.I. executive director Les Hanson, the Board members or their agents have breached patient confidentiality. None had signed confidentiality forms, but examined and copied files and phone messages freely. Persons came to the office for descriptions of jobs that were filled. The Dance-athon, an important fundraising and outreach event, was handled poorly. The Executive Director came late, and there were insufficient informational materials. The non-profit corporation elevated four of the six persons on the Advisory Board to the Board of Directors. Some directors insulted the staff, telling them that they were not Indian. The Board required that all letters and phone calls be screened by the interim Executive Director. Staff dismissals were abrupt, without notice. Their termination letters were filled with unfounded innuendo about incompetence and insubordination. Their files and desks were rifled, and they were prevented from retrieving personal property. Still the staff wanted genuine mediation.

Ms. Garcia, the Chair, expressed the Council's sentiment that services for Native Americans must continue, that the AIAI Board's behavior is unacceptable, and that the Council will energetically intervene in this type of situation.

XI. **The Planning Council adjourned at 7:00 p.m..**

Notes:

1 Mitch Katz, MD to Ryan White Planning Council, *Chronology of recent events with AIAI, Inc.*, 5/9/94, 2pp..

2 [Public Health Press Release:] (Wendy Iwata), "First In-depth Study of Client Experience with HIV Services in San Francisco is released," 5/5/94.

3 Mr. Roger distributed the following: Steve Roger, State Office of AIDS), *AIDS Drug Assistance Program -- Overview*, 1 page, 5/6/94; Roger to AIDS Drug Assistance Coordinators, *Revised AIDS Drug Assistance Program (ADAP) Financial Eligibility and Co-Payment Worksheet*, 4/28/94, 2pp.; Dept. of Health Services to All Health Officers and other Interested Parties, *Additions to AIDS Drug Assistance Program (ADAP) Formulary, New Maximum Reimbursement Rates, and Revised ADAP Forms*, 2 + 2 + 8 pp., 3/31/94; Steve Roger to AIDS Drug Assistance Coordinators, *AIDS Drug Assistance Program (ADAP) Poverty Guidelines*, 3/10/94; Steve Roger Local Health Officers, *Important AIDS Drug Assistance Program (ADAP) Changes*, 2 pp., 7/9/93; Dept. of Health Services, *Dispensing Fee Clarification*, 4/23/93; Dept. of health Services, Office of AIDS, *Policies and Guidelines, AIDS Drug Program, October 1992* [attachment to memoranda of understanding], 15 pp.; *AIDS Drug Assistance Program Coordinators*, 4 pp., 4/28/94; ("December 1993 BETA"), *Patient Drug Assistance Programs Sponsored by Pharmaceutical Companies*, 2 pp.; [Brochure:] Department of Health Services, Office of AIDS], *Financial Assistance for AIDS/HIV Drugs (nd)*..
Ms. Dixon distributed the following: [AIDS Office][Announcement of implementation of ADAP decentralized pharmacy service on 3/1/93], 5/9/94; [AIDS Office], *Medications Approved by the ADAP*, 4/94; [nn], *Professional management Development Corporation Pharmacy Reference List by Zip*, 2 pp., 3/29/94; [nn, nd], *AID Drug Assistance Program Enrollment Locations.*

Attachment: "Mothers' March Against AIDS"

Next Council Meetings:

May 23 June 13

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Minutes of Meetings and all information distributed to Council Members, are available for inspection.
For further information, please call the Council's Staff, 554-9549.
Minutes of Meetings are tentative until formally approved by the Council.

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MOTHERS MARCH AGAINST AIDS

c/o PWAC NY 50 West 17th Street, 8th Floor, New York, NY 10011 ◆ *Phone:* (212) 647-1415

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A message from Beverly Rotter...

Perhaps it was the person who said "it's only those people who get AIDS" that made it so important for me to organize this march. I am the mother of one of "those" people...I am the mother of Iris.

I love my daughter.

I watched my daughter die slowly and in pain, knowing that every medication that she was taking could not save her life.

Iris' death left me with empty arms and a hole in my heart. It left me feeling angry. Not only for Iris, but for every mother's child.

Iris was not a "victim," and only sometimes was she a patient. But, like so many others, she will never write another play, paint another picture, design another dress or write another poem.

Before her death, Iris wrote "I have survived with love in my heart and fire in my eyes." Iris had a gift of bringing people together and enveloping them with her warmth, caring and love. It is in this spirit that I had the idea of uniting all mothers to celebrate the lives of our children and demanding an end to this craziness.

Join me in Washington on Sunday, May 7, 1995 as Mothers March Against AIDS.

We are fighting for our children's lives.

Beverly Rotter

Beverly Rotter
National Chair, Mothers March Against AIDS

"Join thousands of mothers in their fight against AIDS."

MOTHERS MARCHING AGAINST AIDS

I want to join thousands of mothers in their fight against AIDS who are organizing for this historic event to be held on May 7, 1995.

Organization Name _____

Contact _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

❑ Please list us as a supporter of MMAA.

Our skills/interests are: _____

_____

_____

_____

■ We would like to make a tax deductible contribution of $ _____ to support Mothers Marching Against AIDS (MMAA).

Mail to: MMAA, c/o PWAC NY
50 West 17th Street, 8th Floor
New York, NY 10011
Attn: Beverly Rotter, National Chair

Call Beverly & MMAA at (212) 647-1415.

Save the Date!

MOTHERS MARCH AGAINST AIDS

Sunday, May 7th, 1995

Join thousands of mothers in their fight against AIDS, who are organizing now for this historic event.

Sign up! Get involved!

Call Beverly Rotter: (212) 647-1415, or write:
Mothers March Against AIDS c/o PWAC NY
50 West 17th Street, 8th floor
New York, NY 10011

MOTHERS MARCH AGAINST AIDS

c/o **PWAC NY** 50 West 17th Street, 8th Floor, New York, NY 10011 ◆ *Phone:* (212) 647-1415

Beverly Rotter
National Chair

STATEMENT OF PURPOSE

THE PURPOSE OF OUR MARCH IS TO BRING MOTHERS AND THEIR FAMILIES TO WASHINGTON TO IMPRESS UPON OUR NATION THAT WE ARE NOT WILLING TO LOSE ANOTHER GENERATION TO AIDS. UNTIL A CURE IS FOUND WE WILL NEVER RELINQUISH OUR VIGIL. WE ARE MARCHING FOR A NATIONAL AGENDA OF EFFECTIVE RESEARCH, EDUCATION, PREVENTION AND UNIVERSAL ACCESS TO TREATMENT AND CARE.

ROBERTA ROHDIN
DIRECTOR OF INTERNS
OFFICE OF THE MANHATTAN BOROUGH PRESIDENT
RUTH W. MESSINGER, PRESIDENT

MUNICIPAL BUILDING 19TH FLOOR PHONE (212) 669 4497
NEW YORK, NY 10007 FAX (212) 669 4900

"Join thousands of mothers in their fight against AIDS."

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HIV HEALTH SERVICES PLANNING COUNCIL

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May 23, 1994
25 Van Ness Ave., Third Floor Conference Room
4:30 to 7:30 p.m.

AGENDA:

I.	**Roll Call**	4:30 p.m.
II.	**Review of Meeting Minutes (April 25, May 9) and May 23 Agenda**	4:45 p.m.
III.	**Chairperson's Report**	4:55 p.m.
IV.	**General Announcements**	5:15 p.m.
V.	**Subcommittee Reports**	5:30 p.m.
VI.	**Update on the AIDS Drug Assistance Program (ADAP).** ADAP is the State of California program to provide easily accessible pharmaceuticals to persons with HIV or AIDS. At its May 9 Meeting, the Council requested an update on issues raised during the ADAP presentation.	5:45 p.m.
VII.	**Strategy for the Funding of Tenant-based Rental Subsidies.** AIDS Office and Redevelopment Agency staff will present a strategy under consideration to fund tenant-based rental subsidies with both CARE and HOPWA funds, with the potential involvement of the San Francisco Housing Authority. Staff from the Housing Authority will be present to participate in the discussion. Consideration of resolution to endorse this strategy.	6:00 p.m.
VIII.	**Status of CARE Contracts for Services to Native Americans; Review of Recent Events Surrounding the American Indian AIDS Institute, Bayview Hunter's Point Foundation and the National Task Force on AIDS Prevention** Consideration of resolution related to continuation of services to Native Americans.	6:30 p.m.
IX.	**Public Comment**	7:00 p.m.
X.	**Adjournment**	7:30 p.m.

The Council will meet on May 23 and June 13, 1994

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HIV HEALTH SERVICES PLANNING COUNCIL

May 23, 1994
25 Van Ness Avenue, Third Floor
4:30 - 8:30 p.m.

minutes

I. **Roll Call**

MEMBERS: Present: Estela Garcia *(Chair)*, Gene Copello, Marcy A. Fraser, Jaime Geaga, Lester D. Hanson, Gerald Lenoir, Steve Lew, J.B. Molaghan, Bob Nelson, Carmen Portillo, Elliot S. Ramos, Steve Roger, Geoffrey Sackett, Laura Thomas, Rita Times, Mary Jane Wood, **(16).**
Absent:. Steve Burns, Pat Christen, Barbara Garcia, Susan Karp, Gifford S. Leoung, Scott Miller, Sean Sasser, Mike Shriver, Jerry Windley, **(9).**
STAFF: Valerie Dorr, Teri Dowling, Bill Haskell, Mitch Katz, Tim Offutt, Charles Brand.

II. **Review of Minutes and Agenda**

The minutes of May 9, 1994, and the agenda of May 23, 1994, were approved. Approval of the minutes of April 25 was continued to the meeting of June 13, 1994.

III. **General Announcements**

There were no general announcements.

IV. **Chairpersons' Reports**

The Chair recognized Dr. Katz, who informed the Council that a former employee of Continuum HIV Day Services had complained about the cleanliness of the facility and the staff's failure to secure the medicines of deceased clients. AIDS Office staff visited Continuum and performed a careful inspection. The contractor had switched to a new cleaning vendor and assured the AIDS Office that the cockroach infestation soon would be reduced to an acceptable industrial standard. The medicines were securely locked, but the keyholder was not present to allow the contents to be inspected. The AIDS Office is satisfied that the contractor is performing acceptably, and has satisfactorily addressed the issue of cleanliness..

V. **Subcommittee Reports**

Ms. Thomas reported that the Long-Range Planning Subcommittee met last week with Mr. Haskell and Ms. Dowling, and with Gary Levinson of the Support Center regarding a consultancy to assist the Subcommittee's work. The Subcommittee's goals are: (1) a short-term plan to implement the *Voices of Experience* recommendations; (2) a comprehensive three-year (1995-1998) strategic plan, also recently required by HRSA*; (3) a decision-making model to assist the Council in prioritizing service categories and allocating CARE* funds. Mr. Levinson explained the Support Center's proposed contractual arrangement for these services.[1] Mr. Haskell reviewed a letter from HRSA* on the subject of a strategic plan, and recommended that it be further discussed at the June 13 meeting, along with proposals related to the simplification of the Supplemental Ryan White CARE application process.

See Glossary for words marked with (*)

VI. **Update on the AIDS Drug Assistance Program (ADAP).**

This item was continued to the meeting of June 13, 1994.

VII. **Strategy for the Funding of Tenant-based Rental Subsidies.**

Mr. Haskell reviewed recent activity on this subject, including the April 11 Council meeting, when the Members provided the SFRA* with the guidance it sought regarding $4,500,000 in unallocated HOPWA* funds; and the April 20 community meeting on tenant-based rental subsidies. The Council had begun to discuss the possibility of using Ryan White CARE* funds instead of HOPWA* funds to accelerate the startup of various programs, until the means could be found to function efficiently within the guidelines of HUD*. He asked the Council to consider the recommendation that it authorize a two-track approach to fund these subsidies: using CARE* funds, as at present; and HOPWA* funds, partially administered by the SFHA.* Deborah Drickersen-Cortez of the SFRA* presented further detail about

the strategy to fund tenant-based rental subsidies with both CARE* and HOPWA* funds, with the involvement of SFHA* in the management of the HOPWA*-funded programs. The SFHA* has the experience and resources to quickly implement programs, and is willing and prepared to train community-based organizations providing case management and other support services in housing, to assume the specialized technical services that SFHA would provide at least initially. Allowing HOPWA funds as well as CARE funds to be used for tenant-based rental subsidies will provide considerable flexibility. If capital programs are not feasible, for any reason, surpluses or unspent funds could be rolled over immediately into tenant-based rental subsidies. The three City agencies will constitute a selection committee to hire the SFHA* employee who will manage the HOPWA* programs.

The CBOs would administer initial intake, waiting lists, and case management services; while the SFHA* would conduct inspections, pay vendors/contractors, and prepare the reports required HUD*. The SFHA* currently provides all of these activities for Section Eight programs. Their fee would be approximately seven or eight percent of the total funds that they administer. The employee's salary would possibly be an additional charge. Currently CBO fees for administrative services are approximately 30%. Ms. Drickersen-Cortez noted that CBOs could take over any of the SFHA* services, on the condition that they agreed to accept the same rate of compensation for such services that would be established for the SFHA* services. Larry Andrews, the SFHA's* Assistant Director for Subsidized Housing Programs, said that the agency had considerable experience managing Section Eight programs that were similar to HOPWA*, including tenant-based rental subsidy programs; and worked extensively with advisory committees. Currently it collaborates with several CBOs on a daily basis. A joint advisory committee would be constituted to review all reports and program startups, and make any necessary modifications. Its membership would include representatives of the AIDS Office, the SFHA*, the SFRA*, participating CBOs, and HIV/AIDS clients. Mr. Nelson said that he expected that there would be constructive, dynamic communication between the advisory committee, the SFHA*, the SFRA*, and the Planning Council.

How will clients enter these HOPWA programs?* They will be referred to the SFHA* by participating CBOs, which will help them apply for a subsidy. The SFHA* will do all HUD* and other regulatory paperwork (Mr. Andrews).

How many rental units can the SFHA line up?* Many landlords now know of Section Eight programs, and solicit SFHA* rental agreements, because of the superior reimbursement (Mr. Andrews). CBO case managers can assist in locating housing if the client has no existing arrangements (Ms. Drickersen-Cortez).

How many clients can be served by the HOPWA tenant-based rental subsidy programs?* We have $1,000,000 in 1993 funds and between $1,500,000 and $2,000,000 in future funds. This should serve approximately 150 clients annually (Ms. Drickersen-Cortez).

How long does client certification take? Federal regulations require the Housing Authority to conduct a third-party verification of eligibility. The SFHA* has the applicant complete a self-certification. Since it might change in the interim, income is not verified until the subsidy becomes available. The new situation should be even more expeditious, since the CBOs know about the applicants. Therefore SFHA* can begin the paper work before the certifications are returned. SFHA* tries to contact the landlord within 24 hours of certification (Mr. Andrews).

The following motion was made by J. B. Molaghan and accepted by the Council.[2]

To accept the proposal of the AIDS Office and the San Francisco Redevelopment Agency to (1) fund tenant-based rental subsidies with Ryan White CARE* funds and HOPWA* funds; (2) designate the San Francisco Housing Authority to manage HOPWA*-funded programs (confirmation of eligibility, inspection of housing, reporting per Department of Housing and Urban Development requirements, and training of HOPWA* case management CBOs in inspection and reporting routines); (3) to constitute an advisory committee consisting of members from the AIDS Office, the Housing Authority, the Redevelopment Agency, participating CBOs, and HIV/AIDS clients

VIII. **Status of CARE* Contracts for Services to Native Americans; Review of Recent Events Surrounding the American Indian AIDS Institute, Bayview Hunter's Point Foundation and the National Task Force on AIDS Prevention**

Dr. Katz reviewed the efforts of the AIDS Office to resolve differences between staff and the Board of Directors at the American Indian AIDS Institute, Inc.. The Board had not cooperated with the receivership or with mediation efforts; and AIDS Office staff feel that to avoid further jeopardizing services to the Native American community, the CARE contract should be transferred to the National Task Force on AIDS Prevention. The current fiscal agent, Bayview-Hunter's Point Foundation, has asked to be relieved of its contractual responsibilities. The National Task Force on AIDS Prevention has hired some former A.I.A.I. staff and is clearly committed to supporting a successful program for Native Americans, run by Native Americans. The Council has three options. (1) It could direct that the service be put out to competitive bid. The bidding process would cause a six-month break in service. (2) It could contract directly with A.I.A.I., Inc., since it is now a non-profit corporation. (3) It could transfer the general contract to the National Task Force on AIDS Prevention for a reasonable period of time, after which this service would be put out to competitive bid.

Thirty-one persons addressed the Council, and responded to questions posed by Members. They included officers of A.I.A.I.; the National Task Force on AIDS Prevention, Bayview-Hunter's Point, and former A.I.A.I. staff; current and former A.I.A.I. clients; and Native Americans interested in the outcome. The Members were particularly interested in having specific evidence for A.I.A.I.'s denials of Dr. Katz' allegations, and for an acceptable reason why the Board had fired most of the staff summarily, as well as closed their facility on short notice for ten days.

The Members explained their decision to support the transfer of Native American health services to the National Task Force on AIDS Prevention. Mr. Molaghan felt that the A.I.A.I. Board was not sympathetic to its clients, and that the closure procedure was careless. Ms. Times agreed, and felt that the Board had wrecked the mediation effort. Mr. Sackett noted that two dismissed A.I.A.I. case managers, now operating from AIDS Office facilities, were serving more clients than was A.I.A.I. Mr. Lenoir observed that the A.I.A.I. Board President and Secretary, present at the meeting, had continually evaded his questions regarding the termination of the A.I.A.I. staff. The Council had to resolve the matter, because the Board could not.

Mr. Ramos made the following motion, which was seconded and approved:[3]

B> **To approve the transfer of the contract for Native American health services, subcontracted to the American Indian AIDS Institute, from Bayview-Hunter's Point Foundation to the National Task Force on AIDS Prevention.**

IX. **Public Comment**

There was no public comment.

X. **The Planning Council adjourned at 8:30 p.m.**

Attachments:
Planning Council Minutes of the Meeting of April 25, 1994.
Memorandum from Gary Levinson, Support Center (see Note 1).

Notes:
1 Memo.: Gary Levinson, Support Center, to Planning Council, *Support Center Contract for service to HSPC*, May 23, 1994.
2 ***Vote on Motion "A"*** Copello, Fraser, Geaga, Hanson, Lenoir, Molaghan, Portillo, Ramos, Roger, Sackett, Thomas, Times, Wood **(13)**. There were no votes against the motion, or abstentions. The Chairperson, Estela Garcia, did not vote.
3 ***Vote on Motion "B:"*** Copello, Fraser, Geaga, Lenoir, Molaghan, Nelson, Portillo, Ramos, Roger, Sackett, Thomas, Times, Wood **(13)**. There were no votes against the motion, Mr. Hanson abstained. The Chairperson, Estela Garcia, did not vote.

Glossary:

CARE	The Federal **C**omprehensive **A**IDS **R**esources **E**mergency, or Ryan White Act, the major source for funding AIDS services.
HOPWA	**H**ousing **O**pportunities for **P**ersons with **A**IDS, a Federal program to assist in funding housing programs for HIV/AIDS clients.
HUD	The (Federal) Department of **H**ousing and **U**rban **D**evelopment, that administers HOPWA funds.
SFHA	**S**an **F**rancisco **H**ousing **A**uthority
SFRA	**S**an **F**rancisco **R**edevelopment **A**gency

Next Council Meetings:
June 13 June 27

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ATTACHMENT 1

HIV HEALTH SERVICES PLANNING COUNCIL

April 25, 1994
25 Van Ness Avenue, Third Floor
4:30 -5:45 p.m..

I. **Roll Call**

MEMBERS: Present: Marcy A. Fraser, Barbara Garcia, Susan Karp, Gifford S. Leoung, Steve Lew, J.B. Molaghan, Bob Nelson, Carmen Portillo, Elliot S. Ramos, Steve Roger, Sean Sasser, Laura Thomas, Rita Times, Jerry Windley [15].
Absent:. Steve Burns, Pat Christen, Gene Copello, Estela Garcia, Jaime Geaga, Lester D. Hanson, Gerald Lenoir, Scott Miller, Geoffrey Sackett, Mike Shriver, Mary Jane Wood, [11]. STAFF: Valerie Dorr, Bill Haskell, Mitch Katz, Charles. Brand.

II. **Review of Minutes and Agenda**

The minutes of April 11, 1994, and the agenda of April 25, 1994, were approved.[1]

III. **Chairperson's Report**

There was no chairperson's report.

IV. **General Announcements**

Mr. Windley announced that Supervisor Hsieh's Board of Supervisors resolution designated April 25, 1994, as the day honoring the Planning Council Members and staff who have served during the past twelve months. It recognizes their work and accomplishments, administering HIV services and successfully competing for, and obtaining, additional CARE funds to help provide services for persons with AIDS. At an upcoming ceremony, Mayor Frank Jordan will present certificates of recognition.

Dr. Katz provided an update on the receivership and issues at the American Indian AIDS Institute (AIAI). The schedule for correcting the difficulties there remains unchanged. Also unchanged is the negative criticism of the Gay American Indian Group , which backs the AIAI Board of Directors and criticizes the intervention by the AIDS Office. The sole objective of the AIDS Office remains to restore a harmonious relationship between board and staff, to ensure the success of their programs.

Dr. Katz reported that he investigated all the points that Act Up had raised about the AIDS Drug Assistance Program (ADAP). The contracts appear to be in order, and all funds are accounted for. There are some questions about the appropriateness and cost of the brochure, but it will not be reprinted. ADAP is one of our most successful programs, and impressively maximizes access by clients to a vital service. Dr. Katz will meet with Act Up on April 26.

Ms. Thomas reported on the Title II CARE Reauthorization Task Force, which she attended last week as the representative of the Planning Council. Basically the Group passed a series of resolutions that represent the thinking and action of the Planning Council. These include, keeping Titles I and II separate, specifying that between 20--50% of a Consortium's membership be persons with HIV or AIDS, require Title III and Title IVb representation on Title I councils, and reauthorizing the CARE Act. One party raised the question whether it was a "conflict of interest" for a person with HIV or AIDS to sit on a Consortium. That discussion went nowhere. There was also some interest, especially by Orange and San Diego county representatives, to curtail Supplemental appropriations, but the group decided to take no position. Wayne Sauceda will take these consensus recommendations to the forthcoming conference of the National Association of State and Territorial AIDS Directors ("NASTAD"). It was decided to maintain the Task Force as an active body.

V.1 **Reports: Subcommittee on Membership**

Ms. Thomas reported on last week's meeting. Bill Haskell noted that applicable law and regulations require that four additional entities be represented on the Council. The Subcommittee has specified that such Member-delegates must be nominated by their respective boards of directors, and commit to a two-year period (or until they left the agency). Letters will be sent to these four agencies this week. The Council must still decide whether the Housing Authority or the Redevelopment Agency shall fill the housing requirement. Dr. Leoung suggested that possibly both organizations might be represented. Barbara Garcia noted that the Housing Authority interacts with many HIV+ persons, especially persons of color. Their Member would provide important expertise, and also heighten the AIDS awareness and information of the Authority.

The following motion was made and passed unanimously:[2]

A> **The San Francisco Redevelopment Agency shall be asked to nominate a representative to Membership on the Planning Council, to fill the requirement for Housing representation.**

V.2 Reports: Subcommittee on Long-Range Planning

Ms. Thomas reported on last week's meeting. The Subcommittee recommends that the Department's public information officer prepare a press release about the *Voices of Experience* study. Additional copies have been ordered by the AIDS Office, to meet the expected demand. The Subcommittee has yet to study and discuss the report in depth, and to prepare recommendations for implementation of its findings. Mr. Haskell noted that the Subcommittee is grappling with its role in policy formation and planning and may require assistance to implement the *Voice* recommendations, the HIV Housing Plan, and the development of the centralized client intake and referral system. There have been preliminary discussions with the Support Center, which may be able to provide an experienced health planner to assist this Subcommittee in its efforts. Ms. Thomas added that the Subcommittee was interested in obtaining qualified non-Members to serve on it, to enhance its capabilities.

The current Members of the Subcommittees are: *Subcommittee on Nominations:* B. Garcia, E. Garcia, Fraser, Lenoir, Molaghan, and Thomas. *Subcommittee on Long-Range Planning:* E. Garcia, Lew, Sasser and Thomas. Mr. Haskell staffs both subcommittees.

VI. Allocation of Remaining HOPWA Funds

The Council took up the April 11, 1994, proposal to allocate remaining HOPWA funds according to the recommendation in Dr. Katz' memorandum of that date. [HOPWA (Housing Opportunities for Persons with AIDS) is a Federally-funded program.] Mr. Molaghan made the following motion, which was unanimously accepted:[3]

B> **That the AIDS Office use up to $666,104 in unencumbered CARE funds to pay for four tenant-based subsidization programs, to expedite their implementation. The CARE accounts shall be replenished as soon as possible with HOPWA funds, and the AIDS Office proceed with the development of an RFP for the previously authorized CARE housing programs.**

Mr. Nelson noted, for the record, that the HOPWA funds had been available and not utilized for a year.

Ms. Deborah Drickersen-Cortez of the Redevelopment Agency reported on the status of the NOFA (Notice of Funding Availability) and on the community meeting held April 20. She and AIDS Office staff will return to the Council with joint recommendations for a long-term strategy for the funding of tenant-based rental subsidies. She also explained how many of the Department of Housing and Urban Development's guidelines and procedures were automatically carried over from Section Eight to HOPWA, but HUD is demonstrating flexibility in correcting obvious problems.

Q.- *Does HOPWA have a lower ceiling on administrative expenses more than the CARE Act?* **A.-** The previous HUD limit on administrative expenses was raised, and now is identical to that which is imposed by CARE.

VII. Conflict of Interest Code

Ms. Dorr reviewed the proposed conflict of interest code for Planning Council Members. The code is required by State law. Upon its acceptance by the Council, the names of Members will be sent to the Fair Political Practices Commission, which will return the required documents for Members' signature. Each Member's name will be preprinted on their declaration. The forms must be completed annually, and require Members and key staff to disclose any relationship they have with any entity that the Council conducts business with. The following motion was unanimously accepted:[4]

C> **The Conflict of Interest code is accepted and comes into force immediately.**

VIII. Training for New Council Members

Mr. Haskell discussed the training session for new Members tentatively scheduled for May 16, 1994. That date was inconvenient, and the session is now scheduled for June 6, 1994, from 4 to 7:00 p.m. in the Fifth Floor Conference Room. By then, some new Members may have been nominated and appointed, and could be included. The meeting is not restricted to new Members. Topics will include the history of the Planning Council, its activities and goals, regular activities and procedures of Members, CARE and HOPWA housing issues, conflict of interest, and the relevant legislation and regulations.

IX. Alternative Meeting Sites

Most Members favor a Civic Center location. The item was continued to the meeting of May 9.

X. Public Comment

There was no public comment.

XI. Adjournment:

The meeting adjourned at 5:45 p.m..

Notes:

1. Vote on acceptance of Minutes and Agenda: *For:* B. Garcia, Karp, Leoung, Molaghan, Nelson, Portillo, Ramos, Roger, Sackett, Sasser, Thomas, Times, Windley [13]. *Abstain:* Fraser *(acting Chair).* Correction to the April 11 Minutes (Note 1): B. Garcia did not vote for acceptance of the 3/28 minutes, but abstained.
2. Vote on Motion "A": *For:* B. Garcia, Karp, Leoung, Molaghan, Nelson, Portillo, Ramos, Roger, Sackett, Sasser, Thomas, Times, Windley [13]. *Abstain:* Fraser *(acting Chair).*
3. Vote on Motion "B": *For:* B. Garcia, Karp, Leoung, Molaghan, Nelson, Portillo, Ramos, Roger, Sackett, Sasser, Thomas, Times, Windley [13]. *Abstain:* Fraser *(acting Chair).* The referenced memorandum is: Mitch Katz to HIV Planning Council, *Recommendations for Funding Four HOPWA Tenant-based Rental Subsidy Programs; and Evaluating Options for Funding all Tenant-based Rental Subsidy Programs*, 4/11/94, (5 pp.).
4. Vote on Motion "C": *For:* B. Garcia, Karp, Leoung, Molaghan, Nelson, Portillo, Ramos, Roger, Sackett, Sasser, Thomas, Times, Windley [13]. *Abstain:* Fraser *(acting Chair).* The following documents are attached hereto, and made a part hereof: ***Conflict of Interest Code for the San Francisco Mayor's HIV Health Services Planning Council*** and ***Appendix to the Conflict of Interest Code*** (see Attachment One).

Attachment: ***Conflict of Interest Code for the San Francisco Mayor's HIV Health Services Planning Council*** and ***Appendix to the Conflict of Interest Code.***

Next Council Meetings:

May 9 May 24
June 13 June 27

The Council meets on the second & fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items.

Minutes of Meetings and all information distributed to Council Members, are available for inspection.

For further information, please call the Council's Staff, 554-9549.

Minutes of Meetings are tentative until formally approved by the Council.

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ATTACHMENT 2
(5/23/94 MINUTES)

TO: HIV Health Services Planning Council
FROM: Gary Levinson, AAMAP Director
Support Center for Nonprofit Management
RE: Support Center Contract for service to HSPC
DATE: May 23, 1994

The following project outline for Support Center services is based on recommendations discussed in the May 20 meeting of the HSPC Long Range Planning Committee (LRPC). In attendance were Steve Lew, Laura Thomas, and Sean Sasser of the LRPC; Bill Haskell and Teri Dowling of the AIDS Office, and Gary Levinson of the Support Center for Nonprofit Management.

Contract amount: $67,900

Units of Service: 1500 consulting hours

Deliverables: The Support Center will:

1) Assist the Long Range Planning Committee in creating a short-range action plan for implementation of the recommendations proposed in the study *Voices of Experience* and other research documents;
2) Guide the HSPC in the formulation of a decision-making model: a process that will outline a set of prioritized service characteristics, forming the basis for allocation of CARE monies whether funds are additional, level or reduced.
3) Facilitate the LRPC and HSPC in the creation of a comprehensive, strategic three year plan for the years 1995 - 1998, focusing on a detailed plan for 1995-6. In addition to providing a blueprint for HIV service delivery in the coming years, the plan will also fulfill HRSA's new requirement for the submission of a 3 year comprehensive service plan (as discussed on page 3 of the May 16, 1994 HRSA letter).

Timeline: The timeline for the project begins June 1 and will continue through October, recognizing that deliverable #3 may require an extension through December, 1994 to allow for the creation of a written draft plan. All parties at the May 20 meeting acknowledged the need for flexibility in work plan and schedule to maximize the effectiveness and usefulness of the project.

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HIV HEALTH SERVICES PLANNING COUNCIL

June 13, 1994
25 Van Ness Ave., Third Floor Conference Room
4:30 to 7:30 p.m.

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AGENDA:

		Approximate Time
I.	**Roll Call**	4:30 p.m.
II.	**Review of Meeting Minutes (April 25, May 23) and June 13 Agenda**	4:45 p.m.
III.	**Chairperson's Report**	4:55 p.m.
IV.	**General Announcements**	5:15 p.m.
V.	**Subcommittee Reports .**	5:30 p.m.
VI.	**Update on the AIDS Drug Assistance Program (ADAP).** Carried over from the meeting of May 23. At its May 9 Meeting, the Council requested an update on issues raised during the ADAP presentation. (*ADAP* is the State of California program to provide easily accessible pharmaceuticals to persons with HIV or AIDS.)	5:45 p.m.
VII.	**Uniform Reporting System Proposal** (Valerie Dorr) Review and approve AIDS Office's proposed contract with the (Federal) Health Resources & Services Administration, to develop a uniform contractor reporting system.	6:00 p.m.
VIII.	**One-Time CARE Funds** (Valerie Dorr) Review and approve the recommendations of the Subcommittee on Evaluation to support proposals for one-time funds.	6:10p.m.
IX.	**Modification of the Bylaws** Modifying Article II to include new membership categories specified by the recently adopted process on nominations.	6:30p.m.
X.	**Long-Range Planning: the Supplemental Application Process** Review of the recent requiredment of a strategic plan by the Health Resources and Services Administration. Consideration of the matter of simplifying the process of the supplemental application of Ryan White CARE Title I funds.	6:40 p.m.
XI.	**Consideration of Two 1994-1995 CARE Funding Transition Proposals** (Dr. Katz)[1] The Council will consider AIDS Office proposals to: (1) Transition $3,517 in Federal CARE Formula funds for representative payee and money management services, to Lutheran Social Services. The original awardee, Coming Home, has declined this part of their award. (2) Transition $53,345 in Federal CARE Supplemental funds for transitional housing for youth, to Larkin Street Youth Center. The current contractor, Catholic Charities, has decided not to renew their contract. *(Members: copies attached.)*	7:00 p.m.
XII.	**Public Comment**	7:15 p.m.
XIII.	**Adjournment**	7:30 p.m.

The Council will meet on June 13 and June 27, 1994

⇒Note that the time and sequence stated for individual Agenda items are approximate, and may be changed by action of the Chair.

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Attachment

City and County of San Francisco **Department of Public Health**

May 24, 1994

TO: HIV Health Services Planning Council

FROM: Mitch Katz, M.D.

SUBJECT: Recommendations For Transition of CARE Funding For Representative Payee, Money Management and Security Deposit Services

Coming Home has not requested the contract award amount for their 1994-95 Federal CARE Formula contract for representative payee and money management services. The total award amount is $68,960. The contract has requested $65,443. To ensure that the balance of these funds in the amount of **$3,517** are available to clients, I would like to augment the 1994-95 renewal contract with Lutheran Social Services for the balance of these funds. LSS has far exceeded all contract deliverables for the 1993-94 contract period and currently has a case load of 95 clients (target caseload was 67). The agency has begun a client wait list and anticipates a significant increase in the number of clients requesting their services due to the development of new HOPWA and CARE funded housing programs.

ATTACHMENT

City and County of San Francisco **Department of Public Health**

May 25, 1994

TO: HIV Health Services Planning Council

FROM: Mitch Katz, M.D.

SUBJECT: Recommendations For Transition of Funding For Transitional Housing For Youth

Catholic Charities has made the decision to not renew their Federal CARE Supplemental contract for transitional housing for youth. Their decision is due to the difficulty experienced in trying to utilize a congregate housing model to serve youth living with HIV. Their contract in the amount of $53,345 provided support for three transitional residential beds at Guerrero House for youth living with HIV. To ensure that this funding continues to be available for youth housing, I would like to recommend that the Planning Council transition funding to Larkin Street Youth Center to augment their Comprehensive Housing For Youth Living with HIV contract. Funding will be utilized to provide transitional and permanent housing subsidies. LSYC currently has a waiting list of 12 young people needing housing services. LSYC has substantially exceeded all contract performance deliverables and objectives for the 1993-94 contract period.

Attachment

LUTHERAN SOCIAL SERVICES OF NORTHERN CALIFORNIA

MAY 23 '94

20 May 1994

Dr. Mitch Katz
AIDS Office
25 Van Ness Avenue, Ste. 500
San Francisco, CA 94102-6033

Dear Dr. Katz:

The purpose of writing this letter is both to inform you of the increased demand for Representative Payee and Money Management Services, especially in light of the new Rent Subsidy Program, and to solicit your suggestions for being able to provide these services in the most effective and efficient way.

Beginning November 1, 1993, Lutheran Social Services (LSS) began providing Representative Payee, Money Management and Security Deposit Services through its AIDS Financial Services Program (AFS) funded by DPH Ryan White Care dollars.

During the initial contract agreement (November 1 - April 30), LSS stated that it would provide 992 units of service for 72 unduplicated clients and have an ongoing caseload of 67 unduplicated clients. As of April 30, LSS has provided 1407 units of service for 102 unduplicated clients and has an ongoing caseload of 94 unduplicated clients. Staffing for the program consists of 1 FTE Program Manager and .5 FTE Program Assistant, in addition to substantially unreimbursed allocation of managerial time.

As a result of the increased demand for services and limited staffing, on May 13, LSS had no choice but to institute a waiting list. Within one week 24 additional clients have requested services. Of these 24 clients, 15 were required by Social Security to have a Representative Payee and 9 sought to have Representative Payee and Money Management Services on a voluntary basis.

In addition, LSS has entered into Memorandums of Understanding with both Catholic Charities and the American Indian AIDS Institute to provide Money Management Services for their clients. The AIDS Foundation has also requested LSS to provide Representative Payee and Money Management Services for their Rent Subsidy clients. With our current waiting list, LSS will find it difficult to honor its existing MOU'S, let alone enter into an agreement with the AIDS Foundation to provide services unless increased staffing can be obtained.

LSS wants to provide financial services to all of the above clients. The goal of LSS AIDS Financial Services is to provide accessible Representative Payee, Money Management and Security Deposit services so as to at least stabilize the housing of the

Deposit services so as to at least stabilize the housing of the AIDS indigent client.

In order to seek ways in which LSS can expand these services to meet the increasing demand, I have scheduled a meeting with both Kandyce Collins and Deborah Drickersen Cortez for Wednesday, May 25. I want us to explore ways in which the AIDS indigent client can have access to Money Management Services in a way that is both accessible to the client and is cost effective for us, the AIDS Office and the San Francisco Redevelopment Agency.

I would appreciate any suggestions that you might have given this situation. A year ago we all knew that there was a demand for these services, but I don't think any of us anticipated the tremendous response we have received from our targeted client population.

I look forward to your input.

Sincerely,

Patricia Chiapellone

Patricia Chiapellone
North Coast Area Director

cc: Kandyce Collins
Deborah Drickersen Cortez

HIV HEALTH SERVICES PLANNING COUNCIL
June 13, 1994
25 Van Ness Avenue, Third Floor
4:30 -7:15 p.m.

I. **Roll Call**

MEMBERS: Present: Estela Garcia *(Chair)*, Gene Copello, Marcy A. Fraser, Barbara Garcia, Jaime Geaga, Susan Karp, Gerald Lenoir, Gifford S. Leoung, Bob Nelson, Carmen Portillo, Elliot S. Ramos, Steve Roger, Geoffrey Sackett, Sean Sasser, Laura Thomas, Rita Times, Mary Jane Wood, [17].
Absent:. Steve Burns, Pat Christen *(on leave)*, Lester D. Hanson, Steve Lew, Scott Miller, J.B. Molaghan, Mike Shriver, Jerry Windley, [7].
STAFF: Michelle Dixon, Valerie Dorr, Bill Haskell, Mitch Katz, Charles Brand.

II. **Review of Minutes and Agenda**

The minutes of May 23, 1994, were reviewed. Item IX ("Public Comment") is to be amplified to read: "There was no public comment *except on Item VIII, under which it is presented.*" The corrected minutes of May 23, 1994, and the agenda of June 16, 1994, were approved. Barbara Garcia abstained from approval of the Minutes. The approval of the minutes of April 25, 1994, is continued to the meeting of June 27, 1994.

III. **General Announcements**

- Gerald Lenoir and Kim Wright will report on their trip to South Africa. The Black Coalition on AIDS is sponsoring their talk on "Crossroads in South Africa: Election 1994 and the AIDS Epidemic," at the Atrium Room, Fifth Floor, 25 Van Ness Avenue on June 16, at 5:00 p.m..
- Beilinson Hearings will be held on June 27, at 4:00 p.m., at 101 Grove Street. Among the proposals are elimination of General Fund support to some San Francisco AIDS programs.
- Estela Garcia and Bill Haskell said that the formal orientation for new Members will be held after the five potential new Members are appointed *(see Item V)*. This should occur sometime in July or August 1994.

IV. **Chairpersons' Reports**

There was no report.

V. **Subcommittee Reports - Subcommittee on Membership**

Estela Garcia presented the recommendations of the Subcommittee on Membership for five new Members, which would fill five categories of membership that are currently vacant on the Council. The Council was asked to vote on the following nominees for membership: (1) Norm Nickens, who will begin as Associate Director of the AIDS Office on July 1 (as the Department of Public Health co-chair); (2) Janet Nassar of Westside Community Mental Health (representing the State-administered community-based care project); (3) Chris Hall of Project Ahead (representing the CARE* Title III pediatric HIV demonstration project); (4) Jon Henry Kouba, President of the Rdevelopment Agency(representing the agency administering the HOPWA* program); and (5) John Gressman, of the San Francisco Community Clinic Consortium (representing the CARE* Title IIIB grantee for early intervention). Mr. Nickens will replace James Loyce, Jr., the previous Public Health co-chair. The other four nominees would complete the legally mandated agency representation on the Council. Unlike the other Council Members, their membership is dependent upon their tenure in their respective organizations.

See Glossary For Words with "asterisk"

Ms. Thomas noted that none of the nominees were self-identified as HIV-positive. Mr. Haskell responded that all of the agencies were informed of the Council's Membership standards.

Mr. Lenoir made the following motion, which was seconded by Mr. Roger and passed.[1]

A> **To approve the nomination of the following persons to Membership on the Planning Council: Norm Nickens (also as co-chair), John Gressman, Chris Hall, Jon Henry Kouba, and Janet Nassar.**

Mr. Haskell said that the names of these individuals will be forwarded to Mayor Frank Jordan for consideration for appointment. He also noted that four other Membership categories must still be filled. These include representatives or advocates for: (1) homeless persons; (2) new immigrants and undocumented persons; (3) incarcerated persons; and (4) physically disabled persons. including the visually- and hearing-impaired. The Subcommittee on Membership has approved an advertisement, which will be placed in the press as soon as possible and distributed to every San Francisco agency and community group that might be interested in assisting the Council in finding eligible candidates. The goal is to generate a substantial list, so that the Council will benefit from an optimal combination of experience, expertise, and the furtherance of its Membership standards.

Subcommittee on Long-Range Planning

Ms. Thomas said that the Subcommittee will meet on June 14 at 4:00 p.m., at the AIDS Office. All Members are encouraged to attend. Gary Levenson of the Support Center will be present, and the group will discuss further the proposed consultancy in developing a comprehensive plan for the delivery of HIV services. Dr. Copello asked if the planning effort would embrace all three counties of the EMA*, or just San Francisco. There must be effective coordination to avoid duplication, since the counties initiated planning activities independently. Mr. Haskell noted that HRSA* is requiring a three-year, EMA-wide plan to be eligible for FY 1995 CARE* Title I funds.

VI. Update on the AIDS Drug Assistance Program (ADAP*)

Ms. Dixon distributed the newly prepared brochures about the ADAP system. They list all participating pharmacies and covered drugs, and provide clear directions for obtaining further information -- in four languages. They have been sent to the 1,200 physician members of the San Francisco Medical Association, and will be distributed to pharmacies, health centers, and service providers and advisory committees that have HIV/AIDS clients. Press releases will increase the spread of this vital information. Any future changes before the next "edition" will be clarified by inserts. If a need develops, a new resource must be found to fund further printing.

Ms. Dixon said that a comprehensive fiscal monitoring of ADAP* should be completed by August 15.

VII. Uniform Reporting System Proposal (Valerie Dorr)

Ms. Dorr reported that HRSA* had an undisclosed amount, from a yet undisclosed source, for contracting with CARE* Title I EMAs* and Title II state programs to develop client-level data reporting systems. The AIDS Office met with 18 of its 67 contractors, some of whom had participated in a pilot uniform reporting program, to generate interest and obtain letters of commitment. There is interest, and the San Francisco EMA* will apply for $250,000 in funds. The application deadline is June 27. A consultancy would be designed and obtained to assist the participating agencies. Dr. Katz noted that a desirable byproduct would be the development of data systems that provide unduplicated client information by various categories, so that the Planning Council would have a stronger statistical base with for determining unmet needs of different populations. It might also be applicable to the desired centralized eligibility system. A functional but secure incription system would permit very precise "unduplicated client" reporting.

Ms. Thomas made the following motion, which was approved:[2]

B> **To endorse the application by the San Francisco EMA* to HRSA* for a contract in the amount of $250,000, to develop client-level data reporting systems.**

VIII. One-Time CARE* Funds (Valerie Dorr)

Ms. Dorr distributed the Subcommittee on Evaluation's final recommendation for allocating one-time CARE* funds *(attached hereto and made a part hereof, as Attachment "A").* This list will be in effect for one year. Six applicants were ineligible. The Subcommittee eliminated or reduced significant parts of most applications. Among the items eliminated were all indirect costs, remodeling proposals, retroactive charges, low priority items of applications whose amount approached or exceeded the agency's total contract award, and items that were very remote from client services. The Subcommittee also reduced what it considered excessive item counts or unit costs. The Subcommittee advocated one exception to the Council's guidelines. An agency's hospice program had less than 75% unduplicated clients, despite full occupancy. The average length-of-stay was longer than anticipated. The Council agreed that their application was eligible for consideration.

Mr. Nelson said that he could not agree with the elimination of indirect costs, especially since some of the awards were for personnel and/or direct client services, and would result in a higher cost for liability insurance. Ms. Times responded that the Subcommittee eliminated indirect costs in order to fund as many programs as possible. It assumed that the basic overhead was in place. Mr. Nelson replied that this could be a destructive precedent. The importance of indirects in a large agency's budget was too often underestimated, and they should not be made vulnerable to simple cost-cutting.

The Subcommittee directed that the AIDS Office inform each agency exactly which lines of their proposals will be funded.

Many computer items were requested, and the Subcommittee recommends that CARE contractors be systematically surveyed to assess their current systems, which items were purchased with AIDS Office contractual funds, and what their perceived needs are. This will also provide the opportunity to check that all equipment provided by the AIDS Office is properly identified. Some of the Council's $100,000 set-aside might be used for a comprehensive study.

The full Council cannot make line item changes in the proposals for one-time funds. Its options are either to approve the Subcommittee's proposal, or to issue additional general instructions governing a third review.

Mary Jane Wood made the following motion, which was approved:[3]

C> To approve the recommendation of the Subcommittee on Evaluation, for the expenditure of one-time funds..

IX. Modification of the Bylaws.

Mr. Haskell noted that Bylaws Article 2, Section 2 lacks two Membership categories that are included in the Process for Nomination and Appointment of New Members. He proposed that these be added, and that the one-year term of Membership specified in Section 3 be changed to *two* years, as in the Process for Nomination.

The following motion was approved:[4]

D> To amend Article II of the Bylaws of the HIV Health Services Planning Council as follows: To the 17 categories of Membership listed in Section 2, shall be added these two categories from the *Process for the Nomination and Appointment of New Members*, adopted by the Planning Council on March 28, 1994 (Resolution 032894-A): "(18). Housing Authority, or agency administering HOPWA program; (19). State administered community-based care project." Section 3 shall read: "The term of office on the Planning Council shall be a minimum of *two* years, with the option of reappointment by the Mayor."

X. Long-Range Planning: the Supplemental Application Process

Ms. Dorr reviewed recent correspondence between HRSA* and the AIDS Office regarding HRSA's* proposal to modify the Supplemental Grant application process during the last year of the current CARE* Act (1995-1996). HRSA* notes that "Fiscal accountability is critically important during this last year [FY 1995] of the project period ... because all funds awarded in FY 1995 need to be obligated and *expended* before the end of the FY 1995 grant award budget and project period." In order to provide sufficient funds to continue ongoing service projects "at current service levels" until April 3, 1996 (the end of the FY 1995 project period), HRSA* proposes using information previously submitted by the EMAs* to calculate an anticipated carryover to FY 1995. To this amount would be added the FY 1995 Formula award "and additional supplemental funds ... to provide an amount sufficient to continue existing services through April 3, 1996." HRSA* also proposes distributing the "remaining funds ... based on the formula used for the Title I formula award, contingent upon submission of a 3-year comprehensive service plan for the EMA with an emphasis on FY 1995."

Ms. Dorr responded to HRSA in a letter, noting that although San Francisco has historically benefited from the competitive process, it would support the move toward a non-competitive application for FY 1995. However, the proposed methodology would seriously interfere with the way San Francisco has had to handle the three-month gap between the administrative and contractual services cycles. There will be insufficient administrative funds to cover 12 months of expenses -- even with reauthorization. Ms. Dorr also stressed the need to quickly know HRSA's* expectations for the comprehensive plan, in order to move ahead quickly in the development of that plan. Dr. Katz gave a précis of the reauthorization process, and how different outcomes would differentially affect services. If there was an hiatus in reauthorization, the resulting gap in service funding, and presumably of services, could be extremely consequential. Reauthorization is proceeding slowly, the focus being deflected to the national health plans. The Executive branch and even HRSA* may not be sufficiently sensitive to the affects a delay would have on the EMAs.*

Mr. Nelson made the following motion, which was seconded by Mr. Lenoir and was approved:[5]

E> That the chairperson, Estela Garcia, and the AIDS Office quickly prepare and send a letter to HRSA and the Congressional delegation representing the EMA counties, expressing the concerns of the Planning Council over the timing of the reauthorization process, and possible changes in CARE funding in FY 1995, that would impede the management of the CARE contracts and also result in a serious gap in the provision of services.

XI. Consideration of Two 1994-1995 CARE* Funding Transition Proposals (Dr. Katz)1

The Council considered two AIDS Office proposals to transition funds. $3,517 in Federal CARE* Formula funds for representative payee and money management services would be transferred from Coming Home, which has declined this part of its award, to Lutheran Social

Services. $53,345 in Federal CARE* Supplemental funds for transitional housing for youth would be transferred from Catholic Charities, which has decided not to renew its contract, to Larkin Street Youth Center, to augment its Comprehensive Housing For Youth Living with HIV contract. Dr. Katz said that Lutheran Social Services was exceeding its units of service. Mr. Nelson agreed that Larkin Street programs were more appreciated by client youth, than the congregate living services provided by Catholic Charities.

Ms. Times made the following motion, which was seconded by Ms. Wood and approved.[6]

F>	**To accept the recommendation of the AIDS Office to transition $3,517 in Federal CARE Formula funds for representative payee and money management services, from Coming Home to Lutheran Social Services; and $54,456 in Federal CARE Supplemental funds for transitional housing for youth from Catholic Charities to Larkin Street Youth Center.**

XII. **Public Comment**
There was no public comment.

XIII. The meeting adjourned at 7:15 p.m..

NOTES:

1 *VOTE ON MOTION (A): FOR:* COPELLO, FRASER, B. GARCIA, GEAGA, KARP, LENOIR, ROGER, SACKETT, SASSER, THOMAS, TIMES, WOOD [12]; *ABSTAIN:* PORTILLO, RAMOS [2].
2 *VOTE ON MOTION (B): FOR:* COPELLO, FRASER, B. GARCIA, GEAGA, KARP, LENOIR, NELSON, PORTILLO, RAMOS, ROGER, SACKETT, SASSER, THOMAS, TIMES, WOOD [15].
3 *VOTE ON MOTION (C): FOR:* COPELLO, FRASER, B. GARCIA, KARP, LEOUNG, PORTILLO, ROGER, SACKETT, THOMAS, TIMES, WOOD [11]; *AGAINST:* NELSON [1]; *ABSTAIN:* GEAGA, LENOIR, RAMOS, SASSER [4].
4 *VOTE ON MOTION (D): FOR:* COPELLO, B. GARCIA, GEAGA, KARP, LENOIR, LEOUNG, NELSON, PORTILLO, RAMOS, ROGER, SACKETT, THOMAS, WOOD [13]; *ABSTAIN:* TIMES [1].
5 *VOTE ON MOTION (E): FOR:* COPELLO, B. GARCIA, GEAGA, KARP, LENOIR, LEOUNG, NELSON, PORTILLO, RAMOS, ROGER, SACKETT, THOMAS, TIMES, WOOD [14].
6 *VOTE ON MOTION (F): FOR:* COPELLO, B. GARCIA, GEAGA, KARP, LENOIR, LEOUNG, NELSON, PORTILLO, RAMOS, ROGER, SACKETT, THOMAS, TIMES, WOOD [14].

ATTACHMENTS (*in Members' packets*):
- AIDS Office, Dept of Public Health, **San Francisco Five Year HIV/AIDS Housing Plan** (5/25/94), *65 pages. [This is the "final copy" of the draft approved by the Council.]*
- *[Item X.]* Eric P. Goosby, MD (HRSA*), to Title I Grantee and Planning Council Chair (5/16/94), *4 pages.* Valerie Dorr to Anita Eichler (HRSA*), (6/9/94), *2 pages.*

Glossary:

ADAP	*A*IDS *D*rug *A*ssistance *P*rogram, the State of California program to provide easily accessible pharmaceuticals to persons with HIV or AIDS.
EMA	*E*ligible *M*etropolitan *A*rea, a qualified participant in CARE* Title I programs.
CARE	The Federal *C*omprehensive *A*IDS *R*esources *E*mergency, or Ryan White Act, the major source for funding AIDS services.
HOPWA	*H*ousing *O*pportunities for *P*ersons with *A*IDS, a Federal program to assist in funding housing programs for HIV/AIDS clients.
HRSA	*H*ealth *R*esources and *S*ervices *A*dministration, the Federal agency administering CARE* programs.

Next Council Meetings:

June 27 July 11

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For further information, please call the Council's Staff, 554-9549.
Minutes of Meetings are tentative until formally approved by the Council.

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ATTACHMENT "A" (Minutes of June 13, 1994)

ONE TIME FUNDS 94-95

	AGENCY	DESCRIPTION	TOTAL	COMMENTS	RUNNING TOTAL
1	Lutheran Social Services	Increased security deposits	$26,000		$26,000
2	AIDS Emergency Fund	Housing Grants	$148,442		$174,442
3	San Francisco AIDS Foundation	Hotel Vouchers	$50,000		$224,442
4	Black Coalition on AIDS	2 Housing Assistants	$52,900		$277,342
5	S.F. Visiting Nurses and Hospice	Home Care Aides	$137,615		$414,957
6	AIDS Legal Referral Panel	Outreach	$99,962		$514,919
7	Mission Neighborhood Health Center	Case Management Services	$65,025		$579,944
8	Westside Community Mental Health Center	Home/Attendant Care Services	$115,805		$695,749
9	Larkin Street Youth Center	Client needs and capacity building	$50,500		$746,249
10	Dept. of Social Services/Family Special Services	Respite Day Care and Family Activity Program	$14,500		$760,749
11	Bay Positives	Outreach, Performing Arts, Social/Recreational events, Resource Center, Data Collection	$21,560		$782,309
12	Maitri	Food and Household Supplies	$13,000		$795,309
13	Salvation Army	Washer and Dryer	$5,426		$800,735
14	Continuum	Adult Day Health Care Days	$149,715		$950,450
15	St. Mary's Hospital	Increased cost/uos	$143,541		$1,093,991
16	AIDS Indigent Direct Services	Staff training,Contractual Services,Equipment	$39,100		$1,133,091
17	Catholic Charities/Peter Claver	RN, CNA, CNA training, Patient Care Supplies	$45,257		$1,178,348
18	Filipino Task Force on AIDS	Phone System	$16,696		$1,195,044
19	Bayview Hunters Point Foundation	Van, van upkeep, tokens	$43,540		$1,238,584
20	UCSF Women's Clinic	patient care equipment	$12,500	1/2 of request, contractor to choose	$1,251,084
21	S.F. Visiting Nurses and Hospice	residential site care	$137,613		$1,388,697
22	Haight Ashbury Free Clinic	HIV support, clinical personnel, staff training	$44,560		$1,433,257
23	San Francisco Food Bank	Tractor rig	$53,961	equal to amount funded by Food Bank	$1,487,218
24	Walden House	Evaluation Improvement project, alternative healthcare equip., van, medications	$126,650		$1,613,868
25	Special Programs for Youth	Computers,software,modens,furniture, staff training, cabinets,pulse oximeters	$17,880		$1,631,748
26	SFGH	Equipment	$68,885		$1,700,633
27	Bar Association	Legal services outreach to POC	$29,447		$1,730,080
28	GAPA Community HIV Project	Poster project, support services brochure, outreach worker,program assessment, info. systems, bus tokens	$31,465		$1,761,545
29	San Francisco AIDS Foundation	Spanish resource guide	$17,600		$1,779,145
30	AIDS Legal Referral Panel	update AIDS law manual	$39,750		$1,818,895
31	Shanti	Van	$32,150		$1,851,045
32	Instituto Familiar de la Raza	Equipment upgrade (phones, computer)	$10,123		$1,861,168
33	Lyon Martin Women's Health Center	Fax, computer, software/support,medical equipment, accounting consultant	$21,550		$1,882,718

ATTACHMENT "A" (6-13-94 Minutes)

	AGENCY	DESCRIPTION	TOTAL	COMMENTS	RUNNING TOTAL
34	Salvation Army	Health education videos, software	$2,300		$1,885,018
35	Home Care Companions	Train the trainer sessions	$36,404		$1,921,422
36	Institute for Traditional Chinese Medicine	Support staff, clinic equipment	$18,366		$1,939,788
37	Catholic Charities	Earthquake kits, refrigerators	$4,600		$1,944,388
38	CPMC - Operation Concern	Medication support, sand tray	$3,200		$1,947,588
39	Filipino Task Force on AIDS	computer for media campaign	$2,500		$1,950,088
40	S.F. Visiting Nurses and Hospice	Ambassador home care services	$137,615		$2,087,703

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HIV HEALTH SERVICES PLANNING COUNCIL

June 27, 1994
25 Van Ness Ave., Third Floor Conference Room
4:30 to 7:30 p.m.

AGENDA:

		Approximate Time
I.	**Roll Call**	4:30 p.m.
II.	**Review of Meeting Minutes (April 25, June 13) and June 27 Agenda**	4:45 p.m.
III.	**Chairperson's Report**	4:55 p.m.
IV.	**General Announcements**	5:10 p.m.
V.	**Subcommittee Reports**	5:25 p.m.
VI.	**Need for assistance in Reviewing Operating Budgets of Housing Programs** Request for participation in an ongoing technical advisory committee, to work with Redevelopment Agency and AIDS Office staff in reviewing operating budgets of proposed housing programs.	5:50 p.m.
VII.	**Allocation of Unallocated 1994-1995 CARE Funds** Review of allocation of unallocated 1993-1994 CARE funds to Catholic Charities of San Francisco, to cover higher service delivery costs at 1594 Market Street (previously Shanti House) than that provided by Shanti Project.	6:10 p.m.
VIII.	**Status of Contract with Bay Area Addiction Research and Treatment (BAART) for 1994-1995 CARE Title II Funds.** AIDS Office will update the Planning Council on progress toward the resolution of issues surrounding the development of a contract with BAART for methadone maintenance.	6:30 p.m.
IX.	**Completion of Conflict of Interest Forms** Discussion of the requirements for completing the forms, previously distributed to the Members and staff.	7:00 p.m.
X.	**Public Comment**	7:15 p.m.
XI.	**Adjournment**	7:30 p.m.

The Council will meet on July 11 and July 25, 1994

⇒Note that the time and sequence stated for individual Agenda items are approximate, and may be changed by action of the Chair.

The Council meets on the second & fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items. Minutes of Meetings and all information distributed to Council Members, are available for inspection. For further information, please call 554-9549.

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HIV HEALTH SERVICES PLANNING COUNCIL

June 27, 1994
25 Van Ness Avenue, Third Floor
4:30 -6:00p.m.

I. Roll Call

MEMBERS: Present:, Steve Burns, Marcy Fraser, Barbara Garcia, Jaime Geaga, Susan Karp, Gerald Lenoir, Steve Lew, Bob Nelson, Carmen Portillo, Steve Roger, Sean Sasser, Mary Jane Wood, [12].
Members Absent:. Estela Garcia *(Chair)*, Gene Copello, Pat Christen *(on leave)*, Lester D. Hanson, Gifford S. Leoung, Scott Miller, J.B. Molaghan, Elliot Ramos, Mike Shriver, Geoffrey Sackett, Laura Thomas, Rita Times, Jerry Windley, [13].
STAFF: Bill Haskell, Mitch Katz, Dorenda Haynes.

II. Review of Minutes and Agenda

The minutes of 13, 1994, were not reviewed for lack of a quorum. The agenda of June 27, 1994, was approved. The approval of the minutes of June 13, 1994 is continued to the meeting of July 11, 1994.

III. General Announcements

Dr. Mitch Katz announced that Westside Chateau, previously known as Chateau Agape, had a fire on Friday afternoon, June 24, 1994. This group home is a licensed residential care facility for the chronically mentally ill. Included in the resident population are six persons with HIV disease and chronical mental illness and/or HIV-related dementia. Most of the residents have been placed in other residential care facilities (board and care) throughout the City. The six persons with HIV disease, however, have not yet been placed and are being housed in a hotel at this time. These clients, like all the others, are mental health clients in need of supervision, but not in need of attendant care or skilled care. Westside Community Mental Health Center, which operates Westside Chateau, has been attempting to find appropriate placements for these individuals. They are working with Walden House, Baker Places and Catholic Charities to find suitable supervised housing.

IV. Chairpersons' Reports

Dr. Mitch Katz reviewed with the Planning Council the Governor's June Budget Plan, which has been revised to reflect reduced funds for services rendered to undocumented perosns and increased expenditures. He expressed his concerns about this plan, stating that it represented a direct cut to health services and a decrease in funding available to public hospitals. This would effect San Francisco General Hospital. It also reflects a decrease in SB 910 funding which would effect AIDS services, public nursing, and mental health services in San Francisco. In addition, the Plan includes cuts in health benefits for Medi-Cal coverage. The Plan was made available to Planning Council members.

Dr. Katz introduced three newly appointed Planning Council members, Norm Nickens, Jon Henry Kouba and Janet Nassar. Norm Nickens will be the Assistant Director of the AIDS Office starting July 1, 1994. In this capacity, he will serve as the Planning Council co-chair representing the Department of Public Health. Jon Henry Kouba is the president of the San Francisco Redevelopment Agency Commission, and a lawyer in private practice. He is knowledgable about housing development and has taken an active interest in the implementation of the HOPWA program. Janet Nassar, representing Westside Community Mental Health Center, has been a nurse for more than 30 years and is the director of the AIDS/Case Management and Home/Community-Based Care Program operated by Westside. These three individuals, along with two others (Chris Hall representing Project AHEAD and John Gressman representing the Community Clinic Consortium) will be officially seated as new Planning Council members at the upcoming meeting of July 11, 1994.

V. Subcommittee Reports

Steve Lew announced that the Subcommittee on Long Range Planning will be holding the first of four meetings on July 8, 1994 from 10:00 am to 1:30 pm (location to be announced) to review and implement the recommendations included in the Voices of Experience report completed by the Support Center. This report outlines client experiences with HIV services in San Francisco. Interested Planning Council members are invited to attend. Representatives from San Mateo and Marin Counties will have to be obtained.

VI. Need for Assistance in Reviewing Operating Budgets of HOPWA-funded Housing Programs

Bill Haskell from the AIDS Office and Deborah Drickersen Cortez from the Redevelopment Agency reveiwed with the Planning Council the policy- which endorsed the concept of switching the funding for ongoing supportive services and operating expenses, from HOPWA to CARE, after the first year of program operation for owned housing programs acquired with and initially supported by HOPWA funds. This policy was initially adopted on October 11, 1993 and included in the Five Year HIV/AIDS Housing Plan. Because the ongoing support for these supportive services and operating budgets will be rolled into CARE, it was recommended that one or more Planning Council members serve on a technical advisory committee, to review proposed operating budgets of HOPWA funded housing programs. In addition, Mr. Haskell noted that Tracy Kwock, the new auditor in the AIDS Office, would also be serving on this technical advisory committee. Ms. Kwock has experience in auditing HUD funded hous-

MEMORANDUM

July 5, 1994

TO: HIV Health Services Planning Council

FROM: Mitchell Katz, MD Mitchell 8/5/94
Director, Epidemiology, Disease Control & AIDS

RE: **Resolution to appropriate $25,507 of 1993-94 CARE Supplemental funds to Catholic Charities of San Francisco for operation of 1594 Market Street**

Background: The property at 1594 Market Street, previously known as Shanti House, is a 64 bed residential complex for people with AIDS. In response to financial problems at Shanti Project, the contract supporting this property was given up by Shanti. The AIDS Office put the contract out for competitive bid. Only one agency, Catholic Charities of San Francisco, bid on the contract. In their bid to operate this residential program, Catholic Charities asked for $537,191 which was greater than the $415,559 allocated to this contract (see attached letter that accompanied bid). The reason for the higher cost was that they felt, based on their prior experience housing people with AIDS, a higher intensity of service delivery was required.

The AIDS Office had three alternatives at this point:

a) Rebid or sole source the contract;

b) Attempt to find $121,632 unallocated funds and ask the CARE Council to approve the higher dollar amount;

c) Ask the contractor to take on the contract for the existing amount in the hope that the agency would not require the full $121,632, and recommend to the agency that they apply for one-time funds to make up the difference.

The AIDS Office chose option 3, feeling it was the most practical and cost effective.

AIDS OFFICE
25 VAN NESS AVENUE, SUITE 500
SAN FRANCISCO, CA 94102 - 6033
415 - 554-9000
FAX 415 - 431-7547

ing programs and will be a great asset in reviewing these proposed budgets. Marcy Fraser and Jaime Geaga volunteered to serve on this technical advisory committee from the Planning Council.

Deborah Drickersen Cortez also reviewed with the Planning Council her need to obtain nominations to a HOPWA Subsidy Advisroy Committee as part of the implementation of the new HOPWA funded tenant based rental subsidy program. This Advisory Committee will come together periodically to assist in the resolution of issues related to program development and implementation. The Committee will moniter and evaluate the program over the next year to address any changes or modifications that may be required. A Request for Nominations, including a nominations form, was distributed.

VII. Allocation of Unallocated 1994-95 CARE Funds

Dr. Katz reviewed the issue concerning the Catholic Charities of San Francisco and its operation of 1594 Market Street, the 64 bed apartment complex previously known as Shanti House. When Catholic Charities took over this project from Shanti in response to the AIDS Office RFP, the agency believed that there was not enough money to operate the program in accordance with its service delivery model (which included case management services) that was more intensive than that which was provided by Shanti. Nevertheless, Catholic Charities did proceed with the project. It was informed that it could apply for one-time funds early in 1994 to obtain additional support. Although the AIDS Office issued a call for proposals for one-time funds early in 1994, this call was reissued due to confusion among service providers concerning the availability of CARE Supplemental funding in 1994. When the proposals for one-time funds were finally received and reviewed, the Subcommittee on Evaluation made the decision that funds could not be used for espenses incurred in 1993-94. Accordingly, Catholic Charities request for one time funds was not reviewed.

The funds allocated to this program by the AIDS Office will cover the uncovered staffing expenses for case management services in 1993-94 in the amount of approximately $25,000. Next year these expenses will be covered by the COLA to the existing contract. Due to the fact that no quorum existed, no vote was taken concerning this issue. Accordingly, it will be brought up at the next meeting on July 11, 1994. At that time, a memorandum will be provided to the Council detailing the special circumstances of this case. The Planning Council needs to be aware that it is-setting a precedent . This program should be monitored in the upcoming monitoring process in August or September 1994. A straw poll was taken concerning the allocation of unallocated funds in 1993-94 to Catholic Charities for the operation of 1594 Market Street, which was in favor of the action of the AIDS Office. Bob Nelson neither participated in the discussion concerning this issue nor did he participate in the straw poll.

VIII. Status of Contract with Bay Area Addiction Research and Treatment (BAART) for 1994-95 CARE Title II Funds

This item was postponed until the meeting of July 11, 1994.

XI. Completion of Conflict of Interest Forms

Bill Haskell explained that the conflict of interest forms required of the Planning Council are a State requirement which results from the Planning Council functioning as the Title II Consortia for the State of California. The AIDS Office will fill in the effective date of the code on each form. Planning Council members should complete these forms and return them to Charles Brand by July 11, 1994. If not, then by July 25, 1994. Forms were requested by Steve Lew, Norm Nickens, and Janet Nassar.

XII. Public Comment

Public comment was given by Erna Pahe, Executive Director of AIAI, Inc., asking the Council to reconsider its decision to not fund AIAI, Inc. Materials were given to the secretary for distribution to all Council members.

XIII. Adjournment

The meeting adjourned at 6:00 p.m..

ATTACHMENTS (*in Members' packets*):
1. Request for Nominations to HOPWA Subsidy Advisory Committee
2. Review of Registry of Charitable Trusts by California Department of Justice concerning AIAI, Inc.

Next Council Meetings: July 25 and August 8, 1994

The Council meets on the second & fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items.
Minutes of Meetings and all information distributed to Council Members, are available for inspection.
For further information, please call the Council's Staff, 554-9549.
Minutes of Meetings are tentative until formally approved by the Council.

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1049 Market Street, Suite 200, San Francisco CA 94103 415 864-7400

Catholic
Charities
SAN FRANCISCO COUNTY

August 27, 1993

Ms. Judith Weld
RFP Coordinator
Department of Public Health, AIDS Office
San Francisco, CA 94102

Dear Ms. Weld:

Please find enclosed our response to the August 13 RFP for Permanent Housing Low Income Persons with HIV/AIDS Living in San Francisco (Shanti House). We are submitting a proposal that exceeds the $415,559 amount allocated for this contract year.

Catholic Charities Health Services Division has six years of experience in managing residential HIV programs in San Francisco, including Peter Claver Community, a national service model. Based on this experience, we feel that it is the responsibility of an agency providing this type of housing program to ensure that it is appropriately staffed and adequately maintained. In the enclosed proposal, we have provided the outline of a service delivery model that we believe will efficiently provide housing to low income persons with HIV in a manner that ensures their independence and quality of life.

The main contact for this project at Catholic Charities will be Sarah Gillies, Health Services Division Director. The fiscal contact will be Katherine Schlee, Contracts Manager. Both can be reached at 864-7400. Thank you for your attention, and for the opportunity to submit this proposal.

Sincerely,

Rebecca Robertson
Director

The AIDS Office did issue a call for proposals for one-time funds early in 1994. Unfortunately, this call was reissued due to the confusion among service providers concerning the availability of CARE Supplemental funding in 1994. When the proposals for one-time funds were finally received and reviewed, the Subcommittee on Evaluation made the decision that these funds could not be used for expenses incurred in 1993-94. Accordingly, the Catholic Charities request for one time funds was not reviewed. The 1993-94 CARE Supplemental funds recently allocated to this program by the AIDS Office will cover the uncovered staffing expenses for case management services in 1993-94 in the amount of $25,507.

This issue was presented to the Council on June 27, 1994. There was no quorum so a formal vote could not be taken. A straw vote was taken which supported the resolution. In the discussion, it was noted, that the Council should be clear about the special circumstances that are resulting in our considering allocating funds for expenses which have already been delivered.

Special circumstances:

1. This is the largest housing project for people with AIDS in the United States.

2. Catholic Charities did not design the original program or make the original bid resulting in the allocated contract amount.

3. There were no other bidders.

4. The amount of money that Catholic Charities is being allocated is significantly less than the amount they bid on to take the contract.

5. Had the one-time funds been allocated based on the original timetable, Catholic Charities would have had a chance to receive the money. The change in timetables was done to accommodate other contractors.

Based on this, the AIDS Office recommends that the Council pass the above referenced resolution. The AIDS Office will be monitoring the contract in the next few months. Also, the Council should note that no additional allocation will be needed in the coming year as the COLA to the existing contract will pay for the additional staff.

San Francisco
Redevelopment Agency

770 Golden Gate Avenue
San Francisco, CA 94102

415.749.2400

FRANK M. JORDAN, Mayor

Jon Henry Kouba, President
Manuel A. Rosales, Vice President
Leroy King
Gary R. Kitahata
Cynthia Choy Ong
Leslie T. Schilling
Clarence R. Stern

Clifford W. Graves, Executive Director

REQUEST FOR NOMINATIONS

Date: June 10, 1994

To: Members of the HIV Housing Network

From: Deborah Drickersen Cortez

Re: Nominations to HOPWA Subsidy Advisory Committee

After a series of community meetings regarding the development of a tenant based rental assistance program funded through the HOPWA program, the staff of the San Francisco Redevelopment Agency and the AIDS Office made the following joint recommendation:

To fund a tenant based rental assistance under CARE and HOPWA as separate programs, using the San Francisco Housing Authority to administer the HOPWA funded subsidies.

This recommendation was presented to and approved by the HIV Planning Council on May 23, 1994. A community meeting was held to discuss the program on June 1, 1994. As part of the implementation of this new HOPWA tenant based program, an Advisory Committee will be brought together to assist in development and implementation. This committee will also monitor and evaluate the program over the next year to address any changes or modifications that may be required.

The Advisory Committee will consist of three HIV+ eligible clients, three representatives from local housing and service providers, and representatives from the AIDS Office, the Redevelopment Agency, and the Housing Authority. **Members of the HIV Housing Network are asked to nominate one client (if a volunteer is available), and one staff representative by June 22, 1994.** It is important that the nominees are representative of the HOPWA eligible client population as regards race/ethnicity, sexual orientation, family status, and income level. The Redevelopment Agency and the AIDS Office will then select three provider members and three client members to ensure broad and diverse representation on the committee. If you have any questions, please call me at 749-2450. Thank you for your cooperation.

NOMINATION FORM
Please submit by June 22, 1994

Completed forms should be mailed or faxed to:

San Francisco Redevelopment Agency
770 Golden Gate Avenue
San Francisco, CA 94102
Fax Number: 749-2526
Attn: Deborah Drickersen Cortez

STAFF REPRESENTATIVE:

Name of Organization_____

Mailing Address:_____

Name of Nominee:_____

Title:_____

Telephone No:_____

What experience/characteristics make this nominee a good representative to sit on this committee:_____
_____
_____

VOLUNTEER CLIENT REPRESENTATIVE:

Name of Nominee:_____

Mailing Address:_____

Telephone No:_____

Alternative Method of Contact: _____

What organizations has client received services from: _____
_____

What experience/characteristics make this nominee a good representative to sit on this committee? _____
_____
_____
_____

MEMORANDUM

July 5, 1994

TO: HIV Health Services Planning Council

FROM: Mitchell Katz, MD
Director, Epidemiology, Disease Control & AIDS

RE: **Recommendation that CARE funds not be used to support Bay Area Addiction, Research and Treatment (BAART)**

Background: In this year's CARE RFP process, the proposal review committee awarded a contract of $150,000 to BAART to provide methadone maintenance to HIV-infected persons. Since the AIDS Office had not previously contracted with BAART, we required the agency to respond to our standard new contractor's check-list and subsequently reviewed the agency's response. Based on this review, we feel that BAART does not qualify as a CARE contractor. We expressed our concerns in writing to the executive director of BAART, Ron Kletter, PhD on May 13, 1994 and June 1, 1994. We also met with him on May 24th. We asked him to make certain changes in the structure of BAART so that it would meet our requirements for CARE contractors. After meeting with his Board he sent us a letter on June 28th in which he states that his agency will not meet our conditions (letter attached). I invited him to attend our CARE meeting on July 11th. In his letter of June 28th he declines our invitation to appear before the Council but wishes the council member to have the information contained in his letter.

Specific problems that the AIDS Office has with BAART:

1. Non compliance with government auditing standards and financial management for federally funded contractors.

   The AIDS Office believes that BAART should complete an A-133 systemwide audit for fiscal year 1991/1992. BAART has asked the federal government (Health and Human Services) for a waiver of this requirement. It appears that the federal government is willing to

waive this requirement but require that the 1992/1993 audit fulfill A-133. BAART has said that the reason they had not performed a systemwide audit is that the counties did not require a systemwide audit. San Francisco requires that each agency obtain a proper audit for its size and type of government funding. In BAART's case this is a systemwide audit. The AIDS Office has previously required that other agencies that did not have the correct audit go back and perform the correct audit. Even if the federal government waives this requirement, we do not find this waiver acceptable. The AIDS Office will be writing to Health and Human Services asking them to reconsider their waiver as our county never stated that a county-wide audit was sufficient.

2. BAART has inaccurately completed a form to the Attorney General of California 1990-CT Part 11.5 (see attached). Loans were made to BAART from Cal Detox, a for profit agency of which Dr. Kletter is Chairman. While Dr. Kletter insists his interpretation is correct, the opinion of the audit manager of the California Department of Alcohol and Drug Program supports our interpretation.

3. Perceived Conflict of Interest and Personal Financial Increment.

   The Executive Director of BAART, is also the Chairman of the Board of BAART, and is also the owner of the for-profit agency, Cal Detox, which provides services alongside of BAART. Expenses (rent, salaries, etc.) are allocated to BAART and Cal Detox based on the proportion of methadone doses going to clients of BAART vs. clients of Cal Detox. While this allocation of expenses is legal, the fact that one person has control over the non-profit and the for-profit presents a potential conflict of interest. At this point it is impossible for us or any other government agencies to assess whether problems have occurred because Dr. Kletter will not allow the records of Cal Detox to be audited. Private for-profit agencies are not obligated to show their records. Without seeing the records we have learned of at least one allocation we do not agree with. While Dr. Kletter works for both BAART and Cal Detox, he draws a 100% FTE ($98,725 per year) from BAART. It seems to us his salary should be allocated so that the non-profit is not absorbing all of the cost of his salary. He states that he takes from Cal Detox a portion of profits (amount undisclosed) and that he takes 100% salary from BAART because it was recommended to him to do so by the state auditors in January 1983. The AIDS Office will take up with the auditors whether this is still their recommendation. However, the major point here is that the allocation has subjective elements and we cannot evaluate whether the allocation is fair without review of Cal Detox records.

4. Board composition on the 12 member board of BAART includes Dr. Kletter, his wife, his controller and program manager (who work for both BAART and Cal Detox). The AIDS Office considers these four

persons interested parties. According to California non-profit law an agency may have not more than 49% of the persons serving on the board be interested parties. However, the AIDS Office has set a higher standard. We believe that healthy non-profit management requires that the board and staff be independent of one another. On other occasions we have asked board members to resign when they had close personal relationships with staff members. It is the belief of the AIDS Office that the executive director of an agency should be an ex officio (non-voting) member of the board. We are currently talking with agencies to determine if other executive directors currently vote at board meetings. It may be appropriate for the CARE Council to consider a policy about staff members voting on boards at a future meeting. However, the situation of BAART with four interested members, one of whom is chairman of the board, is unacceptable to us.

At the CARE meeting I will be happy to answer any questions Council members have on this complicated issue. All of the correspondence between the AIDS Office and BAART is attached.

July 5, 1994

Ron Kletter, PhD
Executive Director
Bay Area Addiction, Research and Treatment
1111 Market Street
San Francisco, CA 94103

Dear Dr. Kletter:

Thank you for your letter of June 28, 1994. I am sorry you're not willing to meet our conditions for contracting with you. At the July 11th CARE meeting I will be recommending to the Council that we not contract with you. I reiterate my invitation to you or any of your Board members to attend the meeting.

For the public record, I wish only to state my disagreement with your recollection of the hypothetical situation involving a nurse in which you request a bottle of methadone. I was so amazed that you would offer this example, that I remember your words exactly. They were: "She would give me the methadone unless of course, she wasn't worried about losing her job." Patricia Wu who was with us remembers this exactly as I do. I find it best not to attend meetings alone so that there is someone else present to verify my memory.

I will notify you in writing as soon as the CARE Council has voted.

Thank you very much.

Sincerely,

Mitchell Katz, MD
Director, AIDS Office

cc: Sandra Hernández, MD, Director of Public Health, SFDPH
Larry Meredith, PhD, Deputy Director for Operation, SFDPH
Wayne Clark, PhD, CSAS, SFDPH
Hope Kamimoto, Contracts Manager, SFDPH
Jeff Jue, LCSW, Deputy Director for Mental Health, SFDPH

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BAART
COMPREHENSIVE HEALTH CARE & EDUCATIONAL SERVICES
Administrative Office
1111 Market Street
San Francisco, CA 94103
TEL. (415) 552-7914
FAX. (415) 552-3455

BAY AREA REGION

Geary Street Clinic
1040 Geary Street
San Francisco, CA
94109
TEL. (415) 928-7800
FAX. (415) 928-7641

Embarcadero Clinic
75 Townsend Street
San Francisco, CA
94107
TEL. (415) 543-2656
FAX. (415) 543-0838

FACET
Family Addiction Center
for Education & Treatment
1040 Geary Street
San Francisco, CA
94109
TEL. (415) 563-9816
FAX. (415) 928-7641

FRESNO REGION

South Orange Clinic
2851 South Orange
Fresno, CA
93725
TEL. (209) 268-6261
FAX. (209) 268-7518

Van Ness Clinic
539 North Van Ness
Fresno, CA
93728
TEL. (209) 266-9581
FAX. (209) 266-1517

LOS ANGELES REGION

Southeast Clinic
P.O. Box 11869
os Angeles, CA
0011-4051
EL. (213) 235-5035
AX. (213) 235-2023

lollywood Clinic
.O. Box 3295
os Angeles, CA
0078-3295
EL. (213) 957-0604
AX. (213) 957-1891

Puente Clinic
229 East Amar Rd.
Puente, CA
1744
EL. (818) 855-5090
AX. (818) 961-1810

ympic Clinic
20 W. Olympic Blvd.
s Angeles, CA
015
EL. (213) 747-2267
AX. (213) 748-9652

ONTRA COSTA REGION

tsburg Clinic
Civic Avenue
lsburg, CA
565
L. (510) 427-2285
X. (510) 427-6675

hmond Clinic
0 Cutting Blvd.
hmond, CA
04
(510) 232-0874
(510) 232-8652

June 28, 1994.

Mitchell Katz, MD
Director, AIDS Office
25 Van Ness Avenue, Suite 500
San Francisco, CA 94102-6033

Dear Dr. Katz:

I want to thank you and Patricia Wu of your staff for meeting with me on May 24th to discuss some of the concerns expressed in your letter of May 13th. I also sincerely appreciate the support of the AIDS Office in recommending a contract for our proposal to provide methadone maintenance services to an HIV-infected, opiate-dependent population in San Francisco. BAART and California Detoxification Programs (CDP) have been treating HIV-positive patients in San Francisco and in three other counties in California for several years. We welcome the opportunity to contract for additional treatment slots.

You identified two major areas of concern in your letters of May 13th and June 1st:.

1) Non-compliance with Government Auditing Standards and Financial Management required for Federally Funded Contractors, and
2) Perceived Conflict of Interest and Personal Financial Inurement, Board Composition.

As I indicated in our meeting, I was quite surprised to learn that our CPA firm, Ernst and Young, has provided an independent financial audit that was not in compliance with government regulations. David Chin, our Controller, has directed the managing partner at Ernst and Young to contact the appropriate federal agency to ensure that the audit complied with all pertinent rules and regulations. I assure you that BAART will make every effort to follow through with resolving this issue.

I understand that your concerns about conflict of interest, personal inurement and Board composition revolve around the fact that I am both the Executive Director and Chairman of the Board for BAART. In your May 13th letter, you recommend that I resign from one of these positions for the following reasons: 1) you rely on the Board to evaluate the Executive Director, and, 2) AIDS Office policy is to require Board members to resign when they are found to be

linked by romantic or familial ties to staff members. I understand the basis for your reservations as they have been raised before by other agencies with which BAART has contracted. However, after having the opportunity to explicate our organizational structure to other funding sources as well as to discuss our program philosophy and its proven success rate, such concerns have been routinely eliminated.

As I indicated I would do on May 24th, I brought the concerns of the AIDS Office to the attention of the BAART Board of Directors during its June 8th meeting. I would like to share the results of that meeting with you, detailing the Board's concerns regarding the conditions for further contract negotiations that you have delineated in your recent correspondence. During the June 8th Board meeting, the directors reviewed copies of your correspondence and were briefed on the details of our meeting. Various issues were discussed at length. During and subsequent to the meeting, several members of the Board assisted in the drafting of this letter and have given their written approval to its final form. The following was resolved by a unanimous vote of the *disinterested* directors present at the June 8th meeting.

The Board fully supports my tenure as Executive Director and Chairman of the Board and does not advocate my resignation from either position. In your June 1st letter, you indicate that I explained that there are four members of the BAART Board who have a financial interest in both BAART and CDP: myself, Judi Kletter, David Chin and Stephen Rosen. Please be advised that Mr. Chin and Mr. Rosen are employees of BAART and CDP in the same fashion as almost 300 other employees. They do not have an ownership financial interest in either corporation. The BAART Board of Directors strongly supports their inclusion on the Board and feels that voting staff representation is an important consideration for all non-profit Boards. Mr. Rosen and Mr. Chin were both elected to the Board by a unanimous vote in 1992, in recognition of their many years of service to the corporation and their commitment to staff and patients. These individuals have provided valuable insight from their unique perspectives as employees well versed in the mechanics of day-to-day administrative business at BAART. This intimate familiarity with the organization has proved to be of critical importance in many Board decisions. As is explicitly the case for all of our Board members, neither Mr. Rosen and Mr. Chin, nor Judi Kletter (member of both the BAART and CDP Board of Directors) would vote on a Board decision were a possible conflict of interest to arise.

In addressing your concerns regarding the ethnic diversity of the Board, it was noted that the ethnic composition of our current Board of Directors very closely approximates the ethnic composition of our client population (approximately 67% white and 33% minority). Moreover, each year our San Francisco contract renewal process requires submission of data reflecting ethnic composition of Board members, staff members and patients. The Health Commission reviews these matters and has always considered ethnic diversity in approving our contracts. Our staff, incidentally, is "over-represented" by people of color (47%). Additionally, several Board members who are on staff at UCSF and in private practice have direct clinical experience and expertise in treating people living with HIV. Regarding your requirement that BAART and CDP contribute proportionately to the allocation of my salary, please be advised that in January 1983, after a routine State

financial audit of the BAART programs in San Francisco, the auditors at the exit conference recommended that the Executive Director of BAART be employed full time (40 hours per week) by the BAART corporation, rather than allocating a portion of time to each corporation. It was thus resolved by the Board that the Executive Director would be employed full time at BAART and would not be a salaried employee of California Detoxification Programs. Therefore, my compensation from CDP is derived from my ownership interest in the corporation, not from salary.

Lastly, let me respond to something that continues to emerge in your correspondence: that you are under the assumption that the CT2 form filed with the Attorney General's office for the period ending June 1992 should have indicated that financial transactions occurred between BAART and CDP in the amount of $361,036. I have indicated that the reference to related party transactions in the Ernst and Young audit did not represent the sale of goods or services between the two corporations. Rather, the figure represents the California Department of Health Services and San Francisco County approved allocation of expenses between the two corporations (CDP was owed $124,940.94 by the San Francisco BAART program) and transactions with other BAART entities (e.g., FACET, Contra Costa, Fresno and Los Angeles) in the approximate amount of $235,000. Once again, I'll point out that the CT2 form Part II, question 5 ("Were there any contracts, loans, leases or other financial transactions between the organization [BAART] and any other entity [CDP] in which a ...director...had any financial interest?") is an effort to disclose transactions that would be to the detriment of the non-profit corporation and to the advantage of the "other entity" controlled by a director. For your reference, I have attached the balance sheet from the Ernst and Young audit.

Having detailed the Board's response to these matters, I'd now like to discuss a few issues that have arisen in recent communications and correspondence between us. In our meeting on the 24th, I attempted to provide context and precedent for BAART's administrative and Board composition. After you reiterated your concerns about my being both the Executive Director and Chairman of the Board at BAART, I mentioned that I thought Alphonso Acampora of Walden House was both the CEO and a voting member of the Board of Directors. You assured me that as CEO of an agency which currently contracts with the AIDS Office, he was not a voting member of the Walden House Board. A few days later, I received several urgent telephone messages from Mr. Acampora. When I returned his call, he indicated that he was quite disturbed to learn from Sylvester Flowers, the chairman of his Board of Directors, that I had discussed his position at Walden House in such a way that it was viewed as unfavorable by your office. It appears that you may have communicated with Walden House representatives about our conversation, and that you did not fairly represent the manner in which I spoke of Mr. Acampora and Walden House. I want to reiterate that my allusion to Mr. Acampora was speculative and only meant for the purposes of clarification within the context of our meeting. Incidentally, during my conversation with him, Mr. Acampora confirmed that he is both the CEO of the Walden House Programs, and an active voting member of their Board of Directors. He also confirmed that his wife is employed in a senior staff position in Walden House and attends all Board meetings.

I would also like to address your concerns regarding the illustration you asked me to provide in our meeting in order to demonstrate a "potential" rather than an "actual" conflict of interest. In your June 1st letter you say that this illustration is one of the reasons why you have become "more uncomfortable" about contracting with BAART. The illustration I extemporaneously described was a hypothetical situation in which I approached a nurse in one of the clinic dispensaries and requested a bottle of methadone. I indicated that the nurse would provide it to me. However, I did not say the nurse would comply for fear of losing his/her job, although that may have been your assumption. Please let me explain: I am the Drug Enforcement Agency (DEA) registrant for the BAART and CDP programs. My authorization is required to purchase or transport methadone that has been purchased under our DEA registration. My illustration was not intended to imply my "controlling nurse's jobs" as you suggest, but rather that I have legal access to a stock of controlled substances, as would any other DEA registrant. I am afraid that a lack of information about the day to day operations of methadone treatment programs, and BAART in particular, may have colored your interpretation about the example I gave you. I hope that you can reconsider your position in light of this information.

BAART has contracted with the City and County of San Francisco since 1977, the County of Fresno since 1978, the County of Los Angeles since 1980, and the County of Contra Costa since 1988. As long as BAART has been providing services, it has enjoyed an excellent reputation with the State Department of Alcohol and Drug Programs and the various counties in which it operates. We currently contract with the AIDS Offices of Fresno, Los Angeles and Contra Costa Counties through the Ryan White Consortium and each year our contracts have been increased. Our Board of Directors has served us well in achieving the level of success we currently enjoy.

In light of the aforementioned response to your concerns, the BAART Board of Directors hopes that the AIDS Office will reconsider its conditions for contract negotiations. We regard it as unfortunate that such demands are placed upon a successful and extremely cost-effective treatment program. Our Board appreciates the opportunity to respond to your concerns and present this information to the Mayor's HIV Planning Council. However, the information contained in this letter fully represents the BAART Board of Directors' position and I must therefore respectfully decline your invitation to appear before the Council. I look forward to your response at your earliest convenience.

Cordially,

Ron Kletter, PhD
Executive Director

enclosures (3)

cc: Sandra Hernandez, MD, SF Dept. of Public Health
Larry Meredith, PhD, SF Dept. of Public Health
Wayne Clark, PhD, CSAS
Hope Kamimoto, CSAS
Jeff Jue, LCSW, CSAS

BAART San Francisco
Balance Sheet
As of 06/30/92

	ASSETS		
	CURRENT ASSETS		
000	Petty Cash (1)	$ 510.00	
0	Petty Cash (1)	25.00	
	Petty Cash (1)	375.00	
000	Petty Cash (2)	150.00	
000	Petty Cash (3)	75.00	
000	WFB G/D	116,320.44	
000	WFB P/R	3,462.51	
000	WFB P/R Mover	(11.00)	
000	WFB Crocker	103,580.77	
	TOTAL CASH		$ 224,487.72
000	A/R Medi-Cal	$ 317.00	
000	A/R Private	(574.75)	
000	A/R Contract	(18.66)	
000	A/R Other	6,388.12	
00	CDPI	(124,940.95)	
00	Los Angeles	(10,404.86)	
00	Fresno	95,475.06	
00	Contra Costa	117,707.67	
00	OSAP-FACET	(49,431.00)	
00	TOBACCO CESSATION	(21,440.00)	
00	A/R Admin Overhead	283,198.78	
00	Advance	631.00	
	TOTAL RECEIVABLES		$ 296,907.41
0	Prepaid Rental	$ 9,199.85	
0	Prepaid Other	15.00	
0	Deposit Refundable	5,552.00	
	TOTAL OTHER CURRENT ASSETS		$ 14,766.85
	TOTAL CURRENT ASSETS		$ 536,161.98
	FIXED ASSETS		
	Furniture & Fixtures	$ 37,539.00	
	Acc Depreciation - Furn & Fix	(33,840.00)	
	Machines & Equipment	2,247.00	
	Auto	8,091.00	
	Acc Depreciation - Auto	(8,091.00)	
	TOTAL FIXED ASSETS		$ 5,946.00

total of * # 361,036

ERNST & YOUNG

2175 North California Blvd
Walnut Creek
California 94596-3579

Phone: 510 977 2900
Fax: 510 977 2994
Telex: 470200

June 23, 1994

Dr. Ron Kletter, President
Bay Area Addiction Research and Treatment, Inc.
45 Franklin Street
San Francisco, California 94102

Dear Ron:

Attached is a letter written in response to a letter written by the National External Audit Review Center, Office of Inspector General, Office of Audit Services dated May 12, 1994. The Inspector General letter was addressed to your Board and contained one major noncompliance with Office of Management and Budget Circular A-133. BAART is subject to Circular A-133 audit requirements due to the federal funds received. Accordingly, a systemwide audit, including a balance sheet, is required. These requirements were not met for fiscal year 1991/1992.

In discussing the matter with Fred Price of the Division of Grants and Contracts Management, he agreed to waive the systemwide and balance sheet audit requirements for fiscal year 1991/1992 as long as such requirements are satisfied for 1992/1993.

The attached letter documents my telephone call with Mr. Price on June 13, 1994. I also have requested written waiver to the 1991/1992 audit requirements.

Please feel free to call me at (510) 977-2914 with any questions or comments.

Very truly yours,

Gerard C. Bajada
Partner

Enclosure
GCB/pac

ERNST & YOUNG

2175 North California Blvd.
Walnut Creek
California 94596-3579

Phone: 510 977 2900
Fax: 510 977 2994
Telex: 470200

June 23, 1994

Mr. Fred Price
Financial Advisory Services Officer
Division of Grants and Contracts Management
Substance Abuse and Mental Health Services Administration
Room 13C-12, Packlawn Building
5600 Fishers Lane
Rockville, Maryland 20857

Dear Mr. Price:

This letter is being written in response to the letter by David Long, Manager, National External Audit Review Center, Office of Inspector General, Office of Audit Services dated May 12, 1994 regarding Bay Area Addiction Research and Treatment, Inc. (BAART) regarding the desk audit of the organization-wide audit report for the period July 1, 1991 to June 30, 1992. Additionally, this letter will summarize the telephone conversation you and I had on June 13, 1994 regarding the findings contained in the May 12, 1994 letter. Attachment A to the May 12, 1994 letter included findings that BAART engaged three different auditors to perform the A-133 audits of the various clinic sites. The individual audits did not provide assurance that an organization-wide audit of BAART was performed. Consequently, no opinion was provided on the entity as a whole regarding general and specific requirements, compliance with the laws and regulations, and description of the major internal control structure policies. Additionally, no balance sheet was audited as part of the single audit report. The submitted auditor's report only covered the Statement of Revenues and Expenses - Methadone Maintenance Program for the various sites -- San Francisco, Fresno, Los Angeles and Contra Costa. A brief description of the history of providing those specific audits follows.

Historically, the audit requirement was made by each county in which BAART operated a clinic. Since the counties only required an audit of the Statement of Revenues and Expenses, the auditors were engaged for that specific purpose. The counties did not require a systemwide audit since each county was interested in the clinics operating in their area. BAART engaged a local firm in the Los Angeles area to audit the Los Angeles clinic to reduce expenses. A local CPA was also engaged to audit the Contra Costs clinic. Since BAART felt it was more cost effective to engage different auditors for the various clinics and this approach was acceptable to each county, a systemwide audit was not and has not been performed for fiscal year 1991/1992 or for previous years.

As you agreed, you will waive the requirement of a systemwide audit for fiscal year 1991/1992. It is BAART's intention to be in compliance with the A-133 systemwide requirement for fiscal year 1992/1993. Since many of the administrative and finance functions are centralized in the

San Francisco corporate office, much of the internal control functions and compliance testing will be performed in one location. Site visits will be required to perform auditing procedures such as revenue testing since the medical record/billing information is stored at each clinic. A balance sheet that incorporates all clinic locations will be audited and included in the single audit report for fiscal year 1992/1993.

As we discussed on the telephone, the audits have not started, thus making it not possible to meet the June 30, 1994 deadline. We anticipate the audit should be completed by September 30, 1994. We will notify you if there is a change to this timetable.

BAART's management and I would appreciate written approval from you of the waiver of the systemwide audit requirement for fiscal year 1991/1992 and the audit deadline extension at your earliest convenience.

BAART and I appreciate your understanding in this matter. Please feel free to call at (510) 977-2914 with any questions.

Very truly yours,

Gerard C. Bajada
Partner

GCB/pac
Copy to Dr. Ron Kletter, President, BAART
Mr. David Chin, Controller, BAART

HIV HEALTH SERVICES PLANNING COUNCIL

June 27, 1994
25 Van Ness Ave., Third Floor Conference Room
4:30 to 7:30 p.m.

AGENDA:

		Approximate Time
I.	Roll Call	4:30 p.m.
II.	Review of Meeting Minutes (April 25, June 13) and June 27 Agenda	4:45 p.m.
III.	Chairperson's Report	4:55 p.m.
IV.	General Announcements	5:10 p.m.
V.	Subcommittee Reports	5:25 p.m.
VI.	Need for assistance in Reviewing Operating Budgets of Housing Programs Request for participation in an ongoing technical advisory committee, to work with Redevelopment Agency and AIDS Office staff in reviewing operating budgets of proposed housing programs.	5:50 p.m.
VII.	Allocation of Unallocated 1994-1995 CARE Funds Review of allocation of unallocated 1993-1994 CARE funds to Catholic Charities of San Francisco, to cover higher service delivery costs at 1594 Market Street (previously Shanti House) than that provided by Shanti Project.	6:10 p.m.
VIII.	Status of Contract with Bay Area Addiction Research and Treatment (BAART) for 1994-1995 CARE Title II Funds. AIDS Office will update the Planning Council on progress toward the resolution of issues surrounding the development of a contract with BAART for methadone maintenance.	6:30 p.m.
IX.	Completion of Conflict of Interest Forms Discussion of the requirements for completing the forms, previously distributed to the Members and staff.	7:00 p.m.
X.	Public Comment	7:15 p.m.
XI.	Adjournment	7:30 p.m.

The Council will meet on July 11 and July 25, 1994

Note that the time and sequence stated for individual Agenda items are approximate, and may be changed by action of the Chair.

The Council meets on the second & fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items. Minutes of Meetings and all information distributed to Council Members are available for inspection. For further information please call 554-9500.

City and County of San Francisco

Department of Public Health

June 22, 1994

Ron Kletter, PhD
Executive Director
Bay Area Addiction, Research and Treatment
1111 Market Street
San Francisco, CA 94103

Dear Dr. Kletter:

Thank you for your letter of June 14, 1994. In the letter you stated that you were drafting a response for the end of last week. We haven't yet received the response.

As we discussed at our meeting, I did schedule the issue for the Mayor's HIV Planning Council on June 27th (see enclosure). Ideally, I would have sent all council members our letters to you and your response ahead of the meeting.

I'm not sure what would be best at this point. I know we both hoped to resolve this issue as soon as possible. The next CARE meeting would be on July 11th. I could continue the issue till then.

Please communicate to me your intentions as soon as possible.

Thank you,

Mitchell Katz, MD
Director, AIDS Office

AIDS OFFICE

25 VAN NESS AVENUE, SUITE 500
SAN FRANCISCO, CA 94102-6003

KLETTER.LDOC
6/22/94 - 3:29 PM

415 - 554-9000

BAART
COMPREHENSIVE HEALTH CARE & EDUCATIONAL SERVICES
Administrative Office
1111 Market Street
San Francisco, CA 94103
TEL. (415) 552-7914
FAX. (415) 552-3455

BAY AREA REGION

Geary Street Clinic
1040 Geary Street
San Francisco, CA
94109
TEL. (415) 928-7800
FAX. (415) 928-7641

Embarcadero Clinic
75 Townsend Street
San Francisco, CA
94107
TEL. (415) 543-2656
FAX. (416) 543-0838

FACET
Family Addiction Center
for Education & Treatment
1040 Geary Street
San Francisco, CA
94109
TEL. (415) 563-9816
FAX. (415) 928-7641

FRESNO REGION

South Orange Clinic
2851 South Orange
Fresno, CA
93725
TEL. (209) 268-8261
FAX. (209) 268-7518

Van Ness Clinic
539 North Van Ness
Fresno, CA
93728
TEL. (209) 266-9581
FAX. (209) 265-1517

LOS ANGELES REGION

Southeast Clinic
P.O. Box 11869
Los Angeles, CA
90011-4051
TEL. (213) 235-5035
FAX. (213) 235-2023

Hollywood Clinic
P.O. Box 3295
Los Angeles, CA
90078-3295
TEL. (213) 957-0604
FAX. (213) 957-1891

La Puente Clinic
16229 East Amar Rd.
La Puente, CA
91744
TEL. (818) 855-5090
FAX. (818) 961-1810

Olympic Clinic
1020 W. Olympic Blvd.
Los Angeles, CA
90015
TEL. (213) 747-2267
FAX. (213) 748-9652

CONTRA COSTA REGION

Pittsburg Clinic
45 Civic Avenue
Pittsburg, CA
94565
TEL. (510) 427-8285
FAX. (510) 427-6075

Richmond Clinic
2910 Cutting Blvd.
Richmond, CA
94804
TEL. (510) 232-0674
FAX. (510) 232-8652

June 14, 1994

BY FAX

Mitchell Katz, MD
Director, AIDS Office
25 Van Ness Avenue, Suite 500
San Francisco, CA 94102-6033

Dear Dr. Katz:

As I indicated in our meeting of May 24th, the BAART Board of Directors met on June 8th and discussed the contracting issues you raised in your recent correspondence. Please be advised that we are currently drafting a response which will be approved by all of the disinterested directors present at the meeting. I expect that I will be able to provide you with our letter by the end of this week.

In the meantime, I want to express my appreciation for the opportunity to meet with you and Patricia Wu of your staff. I am hopeful that we may come to an agreement as soon as possible.

Yours truly,

Ron Kletter, PhD
Executive Director

June 1, 1994

Ron Kletter, PhD, Chairman
Bay Area Addiction, Research and Treatment
1111 Market Street, Third Floor
San Francisco, CA 94103

Dear Ron:

Thank you for meeting with Patricia Wu and myself on May 24, 1994 and for your letter of May 20, 1994.

Our meeting with you cleared up some of my questions about Bay Area Addiction, Research and Treatment (BAART). In particular, I understand that BAART does not purchase any services from CAL Detox. Therefore, some of my initial concerns are not applicable.

However, I have to admit that meeting with you made me more uncomfortable with contracting with you than I was prior to our meeting. There are four reasons for this.

First, as you explained, there are four members on the Board of BAART who have a financial interest in both BAART and CAL Detox: they are yourself, your wife, your controller Mr. Chin, and your program director Mr. Stephen Rosen. There are only 12 members on your Board, and interested parties therefore represent a third of the Board. Further, since only 7 members would be needed for a quorum, it is possible for the four of you to be the voting majority on a proposition not supported by anyone else.

Second, is the allocation of expenses between BAART and CAL Detox. You explained that all expenses (including staff, rent, utilities) that are used by both entities are allocated to the two different entities based on the proportion of methadone doses going to clients of each program. You also said that you did not allocate your own salary. Rather, you earn $98,725 as a full-time employee of BAART. Since you work for both programs this seems clearly wrong and counter to your explanation that all expenses are allocated. In thinking about it, I also find your explanation that you work more than a forty hour week unacceptable. You are the Executive Director of BAART. This is an executive position, not an hourly wage job. If you are to continue working for both entities, you need to allocate your salary. This is an additional condition for you to contract with the AIDS Office. I think this issue also illustrates my problem. How can I feel comfortable with an allocation that has subjective elements, when some of the people making the decisions are interested parties? I'm really not in a position to

check all your expenses to see if there are any other expenses that, in my opinion, should be allocated.

Third, we spoke with the state auditors regarding questions of the form CT2. They believe the question is self explanatory. Specifically, the answer should be yes if there is a transaction, contract (written or not) or loans between two organizations where the officers of the non-profit have a financial interest in the other entity. As you explained to us there are loans between CAL Detox and BAART.

Finally, in your opinion, the issues I have raised are potential conflicts of interest, and that I should not be overly concerned because there is no actual conflict of interest causing problems. To illustrate this, you told me that you thought if you asked one of your nurses for a bottle of methadone they would give it to you, unless they were not worried about losing their job. You explained, of course, you would never do this and so it is not a problem.

However, in thinking about this, I think this example illustrates my argument, not yours. I have been a physician for eight years. During this time, if in any of the many clinics and hospitals I have worked in, I were to ask for a bottle of methadone I would have been told I had no right to one. The difference is that since I don't control the jobs of the nurses I work with, they can easily do the right thing.

I believe, that if you were the Executive Director and BAART had a Board that was completely independent of you, the nurse would more easily be able to say to you: you are not a physician or a nurse or a patient and there is no cause to give you a bottle of methadone. If you fired her, she would have an easy appeal to your Board. Now, I understand that this was just an illustration on your part. And there are other licensing agents that a nurse could bring a grievance to. But your arrangement, in my opinion, puts too much power in the hands of one person.

I am glad you will be working with your auditors to correct any problems with your audit. In reviewing the issues for our meeting we realized that your A-133 audit should be organization-wide because BAART's S.F. Clinic Methadone & Perinatal programs each received over $100,000 in Federal funds. This means that the audit should have included:

All Federally-funded programs,
All Major and Non-major programs,
All restricted and operating funds and activities.

The letter that we have received from the Department of Health and Human Services confirms our prior concerns about your audit. We hope you will comply with their recommendations as soon as possible.

As I explained at our meeting, if you comply with all the conditions we have set, we will move forward with your contract. If you do not wish to comply, but wish to contract with us, then we need to bring it to the Mayor's HIV Planning Council. As we

agreed, it would probably be best to do this on June 27th. Prior to the meeting I will send the Council members my correspondence to you, your response, and any material you would like to send them. The format at the meeting will have me explaining the issues that the AIDS Office has and ask you or other Board members, staff members, or clients, to say why you disagree. The Council members will likely have questions for both me and you. Then they will decide to vote on whether they wish the AIDS Office to move forward with the contract.

Thank you again for meeting with me. If you have any questions, feel free to call me at 554-9113.

Sincerely,

Mitchell Katz, MD
Director, AIDS Office

cc: Sandra Hernández, MD
Jeff Jue
Wayne Sauseda

KLETTER.DOC

May 13, 1994

Ron Kletter, Ph.D., Chairman
Bay Area Addiction, Research and Treatment
1111 Market St., Third Floor
San Francisco, CA 94103

Dear Dr. Kletter:

I would like to thank you for making your staff available, during our visit on April 18, 1994. Based on the review of the fiscal and administrative documents submitted, Board membership, and inquiries made to BAART's personnel, I regret to inform you that I cannot recommend that the AIDS Office enter into a contract with BAART at the present time. The following are the reasons for this recommendation:

Perceived Conflict of Interest, and Personal Financial Inurement, Board Composition:

1. Dr. Kletter serves on as both the Chairman of the Board of BAART and also as the Executive Director. This type of arrangement is not acceptable to the AIDS Office. This is necessary because we rely on the Board to evaluate the Executive Director.
2. On multiple occassions in reviewing other contract agencies, we have insisted that Board members resign whenever they were found to be linked by romantic or familial ties to staff members.
3. In addition, the owner of CAL DETOX, a for profit organization providing extensive services to BAART is also a board member, according to the audit. Personnel reported Dr. Kletter as the owner of CAL DETOX. Dr. Kletter's control over the daily transactions of both agencies and his ownership of CAL DETOX put him in the position of possibly obtaining personal financial gain from the operation. A conflict of interest can be perceived from such an arrangement.
4. BAART reported to the State in their 990-CT2, Part II.5 to the Attorney General for the period ending June 30, 1992, that there **were not any financial transactions** between the organization and any officer, director or trustee thereof either directly or with an entitiy in which any such officer, director or trustee had any financial interest. The audit report for the same period however, disclosed that **there were financial transactions** with CAL DETOX, owned by a board member, and the other clinics for the amount of $361,036 at June 30, 1992. The other clinics are separate entities from the ones in San Francisco.

Continue next page

DS OFFICE
25 VAN NESS AVENUE, SUITE 500
SAN FRANCISCO, CA 94102 - 6033
415 - 554-9000
FAX 415 - 431-7547

Non-Compliance with Government Auditing Standards and Financial Management required for Federally funded contractors.

1. The audit submitted to the AIDS Office is not in conformity with OMB Circular A-133. Circular A-133 requires the auditor to express an opinion whether or not the basic financial statements of a Non-Profit, are presented fairly in conformity with Generally Accepted Accounting Principles. The basic financial statements, according to the American Institute of Certified Accountant's **Statement Of Position 92-9,** are the Balance Sheet, Statement of Activity and Statement of Changes in Financial Position.

   BAART's auditors reported only on the Statement of Revenue and Expenses.

2. Circular A-133 requires that the Schedule of Federal Awards list the Catalog of Federal Domestic Assistance (CFDA) number.

   BAART's auditors failed to provide such required federal identification number from a program funded by the U.S. Department of Health and Human Resources, the Outpatient Methadone Maintenance Program.

3. The AB-75 Tobacco Control program is misclassified as receiving **Federal** funds. AB 75 Tobacco Control program is funded by the **State** of California Department of Health Services.

4. According to Circular A-110, Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and **Other Non-Profit Organizations,** Subpart C.21 (b)(4), Financial and Program Management, " Recipient's financial management systems shall provide for the **Comparison of outlays with budget amounts for each award.** "

   The AIDS Office Fiscal Monitor requested that BAART's Controller indicate whether or not BAART maintained Program Budgeted vs. Actual costs reports. The response was that such financial controls were not in place, and that such Program costs were lumped together inside general operating costs.

If you wish us to continue the process of certifying your contract, these are the actions that you should take.

a) You must resign from one of your positions, as member and Chair of the Board or as the Executive Director of BAART.
b) All officers and employees of BAART cannot vote on Board decisions. They may attend Board meetings and offer input as *ex officio* members, but cannot vote.
c) Other persons on the Board of Directors who are related to employees of BAART or CAL DETOX, like Dr. Kletter, cannot vote on decisions involving transactions with BAART or CAL DETOX.
d) BAART must increase the number of Board members from twelve to fifteen. The additional members should be recruited **preferably** from the African-American or

Latino communities, and they all should have experience with providing services to people with AIDS or HIV.

e) The Bylaws should be amended to include the above changes.
f) The 990-CT2 statement to the Attorney General should be updated and a letter sent to the Attorney General.
g) Audits of the agency should contain an opinion on the financial statements of the agency including a balance sheet, statement of activity, and statements of changes of position.
h) Federal domestic Assistance Number for the Outpatient Methadone Maintenance Programs should be presented.
i) Proper financial controls be put in place to ensure that comparisons of outlays are made to budget amounts for each federal award.

All these changes must happen **before** the AIDS Office can consider developing your contract and moving ahead with certifying the contract. Please note that the AIDS Office has stopped the development process of your CARE contract. Since these are new services and the start date of the contract is linked to the date of certification, the start date of the contract will be delayed. The value of the contract will be accordingly prorated to reflect the delay.

If you wish us to proceed with certification of your contract, please notify me by May 25th. If I do not hear from you by then we will proceed to fund an alternative contractor.

If you would like to discuss the conditions above please feel free to write to me with your concerns.

Sincerely,

Mitchell Katz, M.D.
Director

cc: Sandra R. Hernandez, M.D.
Larry Meredith, Ph.D.
Wayne Clarke
Hope Kamimoto
Jeff Jue, LCSW

2 (REV. 12-90)

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
(916) 445-2021

PERIODIC REPORT

TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586, California Government Code

AMENDED 4/10

Failure to file this report by the 15th day of the fifth month after the close of your accounting period may result in the loss of your tax exemption and the assessment of a minimum tax of $800 plus interest.

ACCOUNTING PERIOD — For the Year Beginning JULY 01, 1991 and Ending JUNE 30, 1992

If address changed check here . . . ▶ ☐ and show changes below ▼

State Charity registration number CT [| | | | |]

20213 YEAR ENDED JUN 30,1992 L
BAY AREA ADDICTION RESEARCH
AND TREATMENT
401 FRANKLIN STREET, SUITE 2 NORTH
SAN FRANCISCO CA 94102

Corporate or Organization No. –

	Yes	No
A. Is the organization exempt from federal income tax? If "no", attach explanation. See instructions.		
B. Is this entity a split-interest trust?		

PART I FILING REQUIREMENTS: CHECK ONE BOX AND ATTACH THE REQUIRED IRS FORMS

☐ This entity is not a private foundation. We have attached a completed copy of IRS Form 990 or 990EZ, and Schedule A (Form 990) and related attachments (even though we may not be required to file these uniform forms with the IRS). Omit Part III below.

☐ This entity is a private foundation. We have attached a completed copy of IRS Form 990-PF and related attachments. Complete all Parts below.

PART IA ACTIVITIES

	Yes	No
Are the program activities of this entity limited solely to grantmaking?		X

Gross receipts $ _____ Total assets $ _____

PART II STATEMENTS REGARDING THIS ORGANIZATION DURING THE PERIOD OF THIS REPORT

		Yes	No
1	Was 50% or more of your total revenue from government agencies? (See line 1 instructions) SEE ATTACHMENT I If "yes", attach a schedule showing the agency(s) name, address, purpose of the grant or payments and the amounts. List only the four different government agencies that provide the largest amounts.	X	
2	Were you audited by any government agency which resulted in audit exceptions in excess of $50,000 being taken? If "yes", attach a copy of the audit report(s), and enter here the total amount involved . . . 2a $ _____		X
3	Did an independent public accountant issue a report on your financial statements? If "yes", enter here: Accountant's Name GERALD BAJADA-CPA-ERNST & YOUNG CO Telephone (510) 977-2914	X	
4	Is any of your property held in the name of or commingled with the property of any other organization or person, other than Pooled Investment Funds? If "yes", attach justification, including value of assets commingled.		X
5	Were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? If "yes", attach a detailed explanation and enter here the total amount involved . . . 5a $ _____		X
6	Did you donate anything to an organization that is not tax-exempt under Section 501 (c) (3) or 501 (c) (4) of the IRC? If "yes", attach explanation and enter here the fair market value of the donation . . . 6a $ _____		X
7	Did this organization regularly solicit salvage, sell salvage in a thrift store, or was it a party to a contract involving the solicitation or sale of salvage? If "yes", include amounts on Form 990, line 10.		X
8	Were you or any of your officers, directors or trustees a party to any court action in which there was an alleged breach of trust? If "yes", attach explanation.		X
9	Were any organization funds used to pay any penalty, fine or judgment? If "yes", attach an explanation and enter here the total amount involved. . . . 9a $ _____		X

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer (See instructions)	Printed Name	Title	Date
	DAVID CHIN	CONTROLLER	03-10-93

PAGE 1. Original · Mail to: Registry of Charitable Trusts

DANIEL E. LUNGREN
Attorney General

State of California
DEPARTMENT OF JUSTICE

1515 K STREET, SUITE 511
P.O. Box 944255
SACRAMENTO, CA 94244-2550
(916) 445-9555

FACSIMILE: (916) 324-5205
(916) 323-1990

June 13, 1994

American Indian Aids Institute
333 Valencia St. #400
San Francisco, CA 94103

RE: Complaints

Dear Board of Directors:

A review of your file, CT-93394, with the Registry of Charitable Trusts indicates that all filings are current at this time and that we have received no complaints concerning your organization.

In addition we reviewed the court index for the City and County of San Francisco and found that no petitions, receiverships or any other actions have been filed against your organization or by your organization.

Sincerely,

DANIEL E. LUNGREN
Attorney General

PETER K. SHACK
Deputy Attorney General

PKS:ast

Joan P. Bennett
Attorney At Law
35 Evergreen Drive
Kentfield, CA 94904
415-461-0945

June 21, 1994

San Francisco Department of Public Health
AIDS Office
25 Van Ness Avenue
San Francisco, CA 94102

Bayview Hunter's Point Foundation
150 Executive Park Blvd., Suite 3100
San Francisco, CA 94134

Native American Aids Project

National Task Force On AIDS

Re: American Indian Aids Institute, Inc.

Dear Sirs/Madame:

I have been retained by the American Indian Aids Institute, Inc., to assist them in the resolution of a dispute with the San Francisco Aids Office.

Enclosed, please find a copy of correspondence of June 13, 1994 from Peter K. Shack, Deputy Attorney General for the State of California, to the Board of Directors of the American Indian Aids Institute, Inc.. The letter is self explanatory.

In light of the information contained in the correspondence from the Attorney General's Office, we demand immediate release and return of any and all funds wrongfully appropriated from the American Indian Aids Institute, Inc., and an immediate halt to any and all defamatory activities directed towards this organization.

Thank you for your prompt attention to this matter.

Very truly yours,

Joan P. Bennett

Encl.

cc: Dr. Mitchell Katz
Randy Miller
Les Hanson
Karen Clopton

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Bureau of Health Resources Development

Health Resources and
Services Administration
Rockville MD 20857

JUN 22 1994

Ms. Erna Pahe
Interim Executive Director
American Indian AIDS Institute, Inc.
333 Valencia Street, Suite 400
San Francisco, California 94103

Dear Ms. Pahe:

Thank you for your letter of May 20 to Dr. Phil Lee, Assistant Secretary for Health, regarding the American Indian AIDS Institute, Inc.'s concern that the San Francisco AIDS Office has acted inappropriately in administering Ryan White CARE Act funds in the City and County of San Francisco.

As the administrative agent for Title I CARE Act funds, the San Francisco AIDS Office has the responsibility for entering into contractual agreements with organizations to provide priority services as determined by the planning council. The contractor selection process is bound by the procurement regulations of the City and County of San Francisco Department of Health. Therefore, I have forwarded a copy of your letter to Dr. Mitchell Katz, Title I Director, so that he may directly respond to your concerns. In addition, the Division of HIV Services in the Bureau of Health Resources Development, which administers Titles I and II of the CARE Act, will look into the issues raised in your letter. We will keep you informed of the results.

Sincerely yours,

C. Stephen Bowen, M.D., M.P.H.
Assistant Surgeon General
Director

AMERICAN INDIAN AIDS INSTITUTE, INC.

333 Valencia street, Suite #400
San Francisco, CA 94103
Ofc.#(415) 626-7639
Fax# 626-1737

3128 East 14 th Street
Oakland, CA 9460
Ofc.#(415) 261-2505
Fax#

CHAIRPERSON
Marc Nash

SECRETARY
Gena Martinez

TREASURER
Roger G. Pierre

MEMBER
Don Anderson

SPECIAL ASSISTANT TO THE BOARD
Erna R. Pahe

EXECUTIVE DIRECTOR
(Vacant)

May 20, 1994

G. G. Stephen Bowen MD, MPH
Health Resources and Services Administration
Room 14A21 Park Lawn Bldg.
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Bowen,

The American Indian AIDS Institute, Inc., a newly incorporated, non profit, charitable organization, has been funded by Ryan White Care Contracts through the City and County of San Francisco AIDS Office for several years. Prior to March 1, 1994, AIAI retained the Bay View Hunter's Point Foundation as our fiscal agent, and they have acted as such since 1988.

Problems began to arise for our organization last Fall, under the administration of an Executive Director with whom our board had contracted. We began to receive complaints from our clients concerning the unprofessional conduct of our staff members, and then an incident occurred under this man's misguided directorship which constituted a serious breech of his contract, and could have potentially entangled our organization in litigation. We knew then that this man could no longer be allowed to serve as our director, and we informed him that his contract would not be renewed. On January 31, 1994, after repeated attempts to bring him into compliance with acceptable standards, the AIAI Board of Directors issued a letter of termination. I was appointed as Interim Director, and when, as directed by the board, I began to evaluate the program, I was immediately alarmed at what I found. There seemed to be absolutely no accountability for the programs, and the staff was completely out of control. They seemed to come and go as they pleased, and answered to no one. The former director had simply occupied a desk and acted as a yes man to the staff. The staff members were not pleased when I began to require intake and follow-up paperwork in order to provide accountability. Prior to this time, records were poorly kept and it was virtually impossible to obtain an accurate picture of the dealings of our agency.

In February, concerned board members met with the San Francisco AIDS office, and Bay View Hunter's Point Foundation to discuss these issues, and ask for a complete program audit to pinpoint the problem areas. We also wanted to

discuss complaints that had recently been made by the former Executive Director, as a disgruntled employee. At that meeting, the SFAO and BVHPF mandated that AIAI acquire non profit status, which we immediately did, becoming incorporated as a 501 (C) (3) non-profit organization on March 1. We also agreed to address a few other issues which were discussed by the group at the time. After that time we repeatedly requested a program audit.

On March 16, 1994, in response to my insistence on standard procedures for accountability, ten reluctant AIAI staff members approached the SFAO with a list of complaints concerning the Board of Directors. Since the I was experiencing a complete lack of cooperation and a great deal of insubordination from these staff members, the board initiated mediation through the American Indian Dispute Resolution Services. The rebellious staff, however, took it upon themselves to approach all of AIAI's funding agents directly, making serious and unsubstantiated accusations. One of the agents, SFAO, then contacted AIAI to set up a meeting for Board and staff to mediate. The AIAI, Inc. board informed SFAO that they were alarmed to find no accountability by these staff members, and there was an urgent need to bring them and the organization into legal compliance before the start of the new fiscal year. Again, they asked for an audit. SFAO replied that there was no need for an audit, and that all they needed was to meet for mediation. The AIAI, Inc. board had no knowledge of the serious charges that had been made by the staff prior to this meeting. They agreed that three staff representatives could attend the meeting, which was set up during working hours. On March 16, however, the entire staff ignored the board's written directive and walked off the job to attend the meeting, leaving only the receptionist to tend to the needs of the clients who were scheduled for that day. Because of this, the AIAI Board called SFAO and canceled their participation for that day. Bayview Hunter's Point Foundation, also canceled, due to scheduling conflicts. However, Dr. Mitchell Katz, of SFAO held the meeting with the staff members anyway.

On March 17, 1994, the SFAO, without allowing the AIAI, Inc. Board of Directors an opportunity to respond to the staff complaints, announced it was taking AIAI into Receivership (this was done without a Court order). The board was not even given a chance to question the action nor were they ever fully informed of the reasons for such action. All throughout April, the board attempted to reason with Dr. Katz and the SFAO. Much support came from other Indian community organizations. By the end of April, the board realized they had to make a move in order to deal with internal problems before new fiscal funding began on May 1. On April 29, the board terminated eight of the problem

employees, and closed the agency doors for a few days for a complete program evaluation. A new, all-Indian Interim staff was immediately installed, and they have set about the difficult task of restoring quality programs and providing accountability, as required by law. They are still on the job, although to date they have not been paid. BVHP and SFAO refuse to release any of our contract monies for any purpose. We are still seeing clients (in fact, many more have come since the old employees have left) yet we are operating out of our own pockets. Even our office supply accounts have been cut off on orders from BVHP and SFAO.

As of this date, the SFAO has declared that AIAI, Inc. has no legal right to its funding under the Ryan White Care Contracts, even though AIAI submitted proposals, and have implemented and are continuing to facilitate programs for which we were awarded funds this fiscal year. SFAO, under the directorship of Dr. Mitchell Katz, has taken all AIAI monies, including city, state, and federal as well as unrestricted funds, and has redistributed them to another " Indian " organization which they have recently established within their own office. This new organization which they call the Native American AIDS Project, is completely administered by the eight disagreeable employees who were terminated from AIAI for insubordination and lack of accountability. It has also been determined that these former employees who now head the SFAO Native American program are not all American Indians, nor are they qualified to administer this type of program. Furthermore, this action is in direct conflict with the role of SFAO as a funding agency, and to make matters worse, they have perpetuated this inappropriate conduct by making statements in public forums declaring that AIAI, Inc. is no longer considered, by their office, to be a viable organization in San Francisco. Their staff has openly discouraged our clients from attending our programs through slander, libel and vicious politicking.

We are asking for your help because the SFAO has acted inappropriately in administering the RWC funds in the City and County of San Francisco. In their own previous monitoring reports of the AIAI programs, they list compliance problems which were never discussed with the AIAI, Inc. board, never followed up on by their own monitors, and technical assistance was never offered to help bring those programs into compliance, which is the proper procedure for a contracted fiscal agent. The AIAI board was never even informed of this program evaluation. They recently learned of it from a copy of the report which was found in the office after the board closed the agency for our own investigation.

After careful consideration, we now believe the ulterior motive of SFAO was to liquidate our program, and reestablish it away from the control of the Indian community , for which it was created to serve. In addition, we believe SFAO is utilizing the very employees who were found to be unacceptable by the AIAI board and Indian clients, to claim an Indian identity for their new program in order to secure Indian monies. Unfortunately, only the American Indian people who are infected with the HIV virus, their loved ones and the community itself will be the ones who suffer the most, as the programs we worked so long and hard to create are unraveled and eventually destroyed. Our people will loose again. We are calling for a full scale investigation of this matter, and we hope you will assist us in this endeavor.

Thank you for your kind consideration. I am looking forward to your reply.

Sincerely,

Erna Pahe
Interim Executive Director
American Indian AIDS Institute, Inc.

EP/pjk

cc: AIAI, Inc. Board of Directors; file

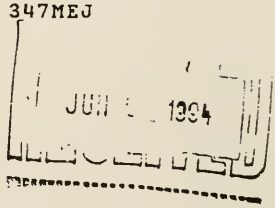
STATE OF CALIFORNIA
FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CALIFORNIA 94257-0541

1832828 AI4AI

DATE JUNE 14, 1994
CLAIM NUMBER
DATE OF CLAIM
AMOUNT CLAIMED $
INCOME YEAR ENDED DECEMBER 1994
CODE 347MEJ

AMERICAN INDIAN AIDS INSTITUTE, INC.

BAYVIEW HUNTERS POINT FOUNDATI
150 EXECUTIVE PARK B
SAN FRANCISCO CA 94134



NOTICE OF ACTION ON CANCELLATION, CREDIT, OR REFUND

YOUR EXEMPT STATUS WAS APPROVED AND BECAME EFFECTIVE ON MARCH 1, 1994. THE PREPAYMENT MADE TO THE SECRETARY OF STATE UPON INCORPORATION IS BEING REFUNDED.

WE HAVE ALLOWED INTEREST ON THE REFUND. SEE THE ENCLOSED INSERT FOR INTEREST RATES PRESCRIBED BY LAW.

PART I - ACTION ON CANCELLATION, CREDIT OR REFUND

	Tax/Fee	Other Tax	Penalty	Interest	Payments
ously sed Totals	$	$	$	$	$
ed liability	$	$	$	$	$
payment					$
ayment					$ 800.00
st allowed					$ 11.59
ayment plus interest					$ 811.59

overpayment shown is less than the refund claimed, and you do not agree with the amount of the overpayment; you may file an appeal with the State of Equalization. See Part I on reverse side for appeal procedure.

PART II - APPLICATION OF OVERPAYMENT

	$	
	$	
	$	
	$	$
unt to be paid to taxpayer "overpayment minus amount applied plus interest"		$ 811.59

approval of the recommended payment a warrant will be issued by the State Controller. YOUR RETURN REMAINS SUBJECT TO AUDIT.

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
P.O. BOX 1286
RANCHO CORDOVA, CA. 95741-1286

April 12, 1994

In reply refer to
340:G :BC

AMERICAN INDIAN AIDS INSTITUTE, INC.
STE 400, MARC NASH
333 VALENCIA ST
SAN FRANCISCO CA 94103

Purpose	:	CHARITABLE, EDUCATIONAL
Code Section	:	23701d
Form of Organization	:	Corporation
Accounting Period Ending	:	June 30
Organization Number	:	1832828

You are exempt from state franchise or income tax under the section of the Revenue and Taxation Code indicated above.

This decision is based on information you submitted and assumes that your present operations continue unchanged or conform to those proposed in your application. Any change in operation, character, or purpose of the organization must be reported immediately to this office so that we may determine the effect on your exempt status. Any change of name or address must also be reported.

In the event of a change in relevant statutory, administrative, judicial case law, a change in federal interpretation of federal law in cases where our opinion is based upon such an interpretation, or a change in the material facts or circumstances relating to your application upon which this opinion is based, this opinion may no longer be applicable. It is your responsibility to be aware of these changes should they occur. This paragraph constitues written advice, other than a chief counsel ruling, within the meaning of Revenue and Taxation Code Section 21012(a)(2).

You may be required to file Form 199 (Exempt Organization Annual Information Return) on or before the 15th day of the 5th month (4 1/2 months) after the close of your accounting period. Please see annual instructions with forms for requirements.

You are not required to file state franchise or income tax returns unless you have income subject to the unrelated business income tax under Section 23731 of the Code. In this event, you are required to file Form 109 (Exempt Organization Business Income Tax Return) by the 15th day of the 5th month (4 1/2 months) after the close of your annual accounting period.

FTD ADDRESS CHANGE

An address change here changes your address on the FTD coupons only.

0 4 2 2 0 0 0 0 7 9

TEAR OFF HERE

New Address _____

_____

_____

City _____

State _____ Zip _____

Telephone Number ( ) _____

Do not write beyond this line

Form 8109C (Rev. 1-94)

Employer Identification Number (EIN) OMB No. 1545-0257

94-3200978 031400 3 2

89

AMERICAN INDIAN AIDS INSTITUTE INC
333 VALENCIA ST 400
SAN FRANCISCO CA 94103

INTERNAL REVENUE SERVICE CENTER
FRESNO, CA 93888

Send FTD Address Change and correspondence to the IRS address above.

City and County of San Francisco

Department of Public Health

March 7, 1994

Karen V. Clopton, Chairperson
Board of Directors
Bayview-Hunter's Point Foundation
150 Executive Park Boulevard, Suite 3100
San Francisco, CA 94134

Dear Ms. Clopton:

Thank you for your two recent letters.

I appreciate your notifying me so promptly that BVHPF has a new Interim Executive Director. We will do everything we can to support Karen Patterson-Matthew as well as your new CEO, when he or she takes office.

I also wish to thank you for your prompt response to our concerns regarding AIAI. They have formally incorporated as a non-profit agency. I view this as a positive step. I want to make the transition from the BVHPF Board to the AIAI Board as the governing body as smooth as possible. With this in mind, we need to resolve the issue of payment for services rendered by AIAI advisory Board members prior to their incorporation.

I believe that paying advisory board members can be a conflict of interest. However, since the AIAI board was advisory and not the governing body of AIAI, payment to an Advisory Board member is not illegal. Since BVHPF was the governing body for AIAI, I believe the board of BVHPF should make a decision as to whether services which were rendered prior to incorporation should be paid. The AIDS Office will support whatever decision your Board makes. Placing the decision with your Board is consistant with our desire to strengthen the Board governance of agencies without micromanaging them.

Beginning on March 1, when AIAI incorporated, they became the governing body for their agency. They hired Erna Pahe as their Interim Executive Director. Any hours accrued by Erna Pahe beginning March 2 should be paid by BVHPF. For your information, I did express to Marc Nash, Chairperson of AIAI, that I think choosing a former Advisory Board member to be Interim Executive Director raises questions of conflict of interest. I am sympathetic to the fact that they are a small agency without an Executive Director and needed to make a rapid choice of someone who was familiar with the workings of the agency.

AIDS OFFICE

25 VAN NESS AVENUE, SUITE 500
SAN FRANCISCO, CA 94102 - 6033

415 - 554-9000
FAX 415 - 431-7547

I would appreciate it if you would notify me when the BVHPF Board has decided whether or not Erna can be paid for hours accrued prior to AIAI incorporation.

Sincerely,

Mitchell Katz, MD
Director, AIDS Office

cc: Marc Nash, Chairperson AIAI
Russ Zellers
Sandra Hernández, MD

MK\DOCS\.*

March 7, 1994

Marc Nash, Chairperson
Board of Directors
American Indian AIDS Institute
333 Valencia Street, Suite 400
San Francisco, CA 94103

Dear Mr. Nash:

Thank you for your letter of March 3, 1994 and also for the letter of February 25, 1994 from the then Advisory Board Member Erna Pahe. I also want to personally thank you for taking on the difficult and time consuming job of Board Chairperson. Your commitment to this agency and the services it provides is truly commendable.

I am very pleased that AIAI has incorporated as a non-profit agency. I would like to summarize in this letter the important outstanding issues that we discussed on the telephone on March 4, 1994.

1) Payment for hours accrued by Erna Pahe prior to your incorporation. I know that Ms. Pahe was anxious for me to call BVHPF to authorize issuing her a check. When I called I learned that her invoice was for time worked prior to the incorporation. That being the case, the decision on whether to pay those hours should be made by the BVHPF board. We will support their decision. In terms of hours that Ms. Pahe worked since incorporation, those hours should be paid. I've communicated this position to the BVHPF Board chair (letter enclosed).

2) Conflict of Interest. I understand that one of your Board members, Gena Martinez has a close personal relationship with your interim executive director, Erna Pahe (The article of incorporation show the same home address for Ms. Martinez as Ms. Pahe shows on her resume). This is "self-dealing". Either Ms. Martinez or Ms. Pahe must resign their position. The AIDS Office has made this same demand to three other agencies in the past two years all of whom had to comply. If it is Ms. Martinez who resigns, please have the remaining Board members affirm their choice of Ms. Pahe as interim executive director.

3) Perception of Conflict of Interest. As we discussed, employing former advisory board members to paid positions of AIAI, while not illegal, raises questions about propriety. Boards and staff are meant to be independent from one another. The spirit that motivates Board membership is volunteerism. I

understand that there are special circumstances for AIAI. Therefore, I believe the choice of Ms. Pahe on an interim basis is necessary. She has the skills and the knowledge to lead the organization. During our conversation you said you were unsure of whether Barbara Cameron was being paid for writing grant proposals. I urge you at your next Board meeting to clarify this issue. If she is being paid, the Board should pass a resolution authorizing it with an agreed upon rate per hour and maximum number of hours. Also please remember that hours for writing grant proposals may not be paid with city contracts. I have read your explanation to staff about why Board members should be allowed to apply for paid positions. The reason I don't completely agree with you is that the Board makes policy about what positions will be filled, what the qualifications are, etc. Thus, a Board member could advocate for a position that they are uniquely capable of filling and then resign from the Board to apply for the position.

4) Search for Executive Director. I am very glad you have initiated the search for an Executive Director. Given the need to stabilize management of the agency, we ask that you identify a candidate for hire by May 31, 1994. I noticed that resumes are being sent to your home rather than the agency – a change from the procedure used in the past. If this is not the standard procedure of your agency, I think given the issues of trust in your agency (see #5) you should use the AIAI address for announcements that you have not yet sent out.

5) Communication with staff. The lack of trust between the AIAI Board and staff is the greatest threat to your agency and its services. The quality of services at AIAI has, to date, remained high. This is because you have a committed, professional staff. However, the staff is currently "stressed" and distrustful of the Board. If staff members begin to resign due to their frustration services will suffer. I urge you to have a facilitated discussion with your staff. We would be happy to help identify a facilitator who would be acceptable to both staff and Board.

The AIDS Office is committed to helping you in strengthening your agency and its services. Please contact your program manager (Russ Zellers 554-9105) or me (554-9113) if we can be of any additional help.

Sincerely,

Mitchell Katz, MD
Director, AIDS Office

cc: Russ Zellers
Sandra Hernández, MD

MK.BOOPG.84

APRIL 12, 1994

TO: Erna Pahe
Special Assistant to the Advisory Board
American Indian AIDS Institute

FROM: Tim Offutt
Interim Executive Director

RE: Reponse to letter dated April 11, 1994

As I mentioned to you, in our meeting on Monday, April 10, 1994, I have already informed Marc that the advisory board of AIAI would be receiving copies of all contracts involving AIAI. To this end, I have received and have made copies of the three CARE contract augmentations, the Haight Ashbury Street Outreach contract and the KOKUA contract covering prevention education and psycho-social services.

With regards to HOPWA, there currently is no conract, and no contract is anticipated, until such time as the City Redevelopment Agency figures out how it plans to administer this program. As details of HOPWA become clear, both the advisory board and BVHP will be kept informed.

cc: AIAI Advisory Board
M. Katz
K. Patterson-Matthews

April 20, 1994

Ms. Erika Freiberger
Stadtlanders Foundation
600 Penn Center Blvd.
Pittsburgh, PA

Dear Ms. Freiberger:

This letter is a follow-up to our conversation of April 18, 1994. As I stated to you at that time, the American Indian AIDS Institute (AIAI) is under receivership until such time as a new executive director is selected. The selection process is well underway and hopefully will be completed by the end of the month.

AIAI continues to provide services to the American Indian community in the Bay area, and I anticipate no change in this situation.

If I can be of further assistance, please feel free to contact me. I can be reached at (415) 554-9027.

Sincerely,

Tim Offutt
Acting Executive Director

cc: AIAI Advisory Board

AMERICAN INDIAN AIDS INSTITUTE, INC.

333 Valencia Street, Suite #400
San Francisco, CA 94103
Ofc.#(415) 626-7639
Fax# (415) 626-1737

3128 East 14th Street
Oakland, CA 94601
Ofc.#(415) 261-2505

CHAIRPERSON
Marc Nash

SECRETARY
Gena Martinez

TREASURER
Roger G. Pierre

MEMBER
Don Anderson

EXECUTIVE DIRECTOR
Ema R. Pahe

June 21, 1994

Melinda L. Paras, Commissioner
Health Commission, City and County of San Francisco
Department of Public Health
101 Grove Street
San Francisco, CA 94102

Commissioner Paras,

I realize that this letter will arrive after the Health Commission has already met today, June 21, but there is an urgent and critical matter that must be brought to the attention of the finance committee.

In reviewing the agenda for the Health Commission meeting that was scheduled for today, June 21, 1994, I took note of item (3.15) CHS-AIDS. This is an issue of grave importance to the American Indian community, and I request that it be brought before the Commission again, and our organization be included in the discussion. We have made repeated requests to be added to the Commissions agenda, but our requests have been routinely ignored.

The American Indian AIDS Institute, Inc. has been preparing information for the Health Commission, to request a reconsideration of the actions taken against our agency at the Commissions meeting on May 23, 1994. We have since secured an attorney, requested an investigation of our Charitable Trust status by the California State Attorney General, received a determination, and are prepared to present our position to the Health Commission based on that determination. I have attached a copy of the Attorney Generals findings, and I'm sure that based on this information, you will understand the urgency and seriousness of our request.

It is our position that actions taken against our organization by the

San Francisco AIDS Office were taken prematurely, without just cause, and that information given to the Health Commission by the San Francisco AIDS Office was divisive and deceptive. AIAI, Inc., Board of Directors were led to believe that the action of "receivership" was within the purview of the AIDS Office, that the decision of placing Mr. Offutt in the position of the Interim Executive Director was appropriate, and that all actions were executed legally. In researching the process, however, we have found that grounds and procedures for an action such as a "receivership", against an Indian organization which is receiving federal monies, can only be granted by a federal court order, and that the receiver must be a neutral party. As you can see by the attached letter from the California State Attorney General, no legal receivership has been placed against our organization. Also, the "receiver" in this case, the San Francisco AIDS Office, was hardly a neutral party, as one of our funding agents, and as our CARE monitoring agent. As our monitoring agent, SFAO was privy to certain information regarding negative evaluations of AIAI programs, but did nothing to remedy the situation as our monitoring agent. Instead, SFAO stepped in as a "receiver" after the AIAI, Inc. Board of Directors attempted to address program problems. Based on the California State Attorney Generals findings, we respectfully request that the Health Commission grant AIAI, Inc. an opportunity to approach the Health Commission and present our position.

In reviewing the internal records of our agency, we have documented many grave concerns surrounding the San Francisco AIDS Office and the strange behavior of our previous employees. With the goal of clearing up any misconceptions concerning our actions over the past 6 months, and in order to justify those actions and re-establish our credibility with the City and County of San Francisco, we must be given an opportunity to present our case and documentation.

We are confident that members of the Commission are concerned about the well being of Indian people who reside within the City and County

of San Francisco, and that they will realize that this action is in the best interest of the American Indian community. As Indian people, we are obligated to struggle on to establish and maintain the best possible services for the Indian people that we are intended to serve.

We know that you will seriously consider this request and we especially look forward to continuing our commitment of quality service to our community. Since our organization began its working relationship with the Department of Public Health in 1988, through its contractual agreements, our intentions and needs have never been deceitful. We have acted on the desires and concern of our community in their right to receive quality care, and to address critical health issues. We have an urgent need within our community, a health crisis which is accelerating at an alarming and phenomenal rate. We are the last ethnic group to contract this deadly virus, and yet, may be the the one who has the most to loose. Entire nations of our people may be completely anihililated by this disease, and we can not stand idly by and watch as our program is stripped of its cultural sensitivity, taken away, and placed in the hands of those who see dollar signs instead of faces and human lives.

We are eagerly awaiting your response.

Sincerely,

Erna Pahe

Erna Pahe
Executive Director
American Indian AIDS Institute, Inc

EP/pjk

cc: S. Hernandez; A. Jackson; M. Kaufman; R. Castaneda; E. Chow; K. Marton; M. Katz; R. Miller; L. Hanson; K. Clopton; AIAI, Inc. Board of Directors; J. Bennett, Attorney at Law; file

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HIV HEALTH SERVICES PLANNING COUNCIL

July 11, 1994
25 Van Ness Ave., Third Floor Conference Room
4:30 to 7:30 p.m.

AGENDA:

		Approximate Time
I.	Roll Call	4:30 p.m.
II.	Review of Meeting Minutes (June 13, June 27) and July 11 Agenda	4:45 p.m.
III.	Chairperson's Report	4:55 p.m.
IV.	General Announcements	5:10 p.m.
V.	Subcommittee Reports	5:25 p.m.
VI.	**Allocation of Unallocated 1994-1995 CARE Funds** Continuation of discussion concerning the allocation of unallocated 1993-1994 CARE funds to Catholic Charities of San Francisco, to cover higher service delivery costs at 1594 Market Street (previously Shanti House) than that provided by Shanti Project.	6:10 p.m.
VII.	**Status of Contract with Bay Area Addiction Research and Treatment (BAART) for 1994-1995 CARE Title II Funds.** AIDS Office will update the Planning Council on issues surrounding the development of a contract with BAART for methadone maintenance.	6:30 p.m.
VIII.	**Completion of Conflict of Interest Forms** Discussion of the requirements for completing the forms, previously distributed to the Members and staff.	7:00 p.m.
IX.	Public Comment	7:15 p.m.
X.	Adjournment	7:30 p.m.

The Council will meet on July 25 and August 8, 1994

⇒Note that the time and sequence stated for individual Agenda items are approximate, and may be changed by action of the Chair.

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HIV HEALTH SERVICES PLANNING COUNCIL

July 11, 1994
25 Van Ness Avenue, Third Floor
4:30 - 6:30 p.m.

I. **Roll Call**

MEMBERS: ***Quorum = 14.*** **Present:** Norm Nickens*(Chair)*, Marcy A. Fraser, Barbara Garcia, Chris Hall, Jon Henry Kouba, Gerald Lenoir, Gifford S. Leoung, Steve Lew, Janet Nasser, Elliot S. Ramos, Steve Roger, Sean Sasser, Laura Thomas, Rita Times, Mary Jane Wood **(14).** **On Leave:** Pat Christen, Jerry Windley **(2).**
Absent:. Estela Garcia *(Chair)*, Steve Burns, Gene Copello, Jaime Geaga, John Gressman, Lester D. Hanson, Susan Karp, Scott Miller, J.B. Molaghan, Bob Nelson, Carmen Portillo, Geoffrey Sackett, Mike Shriver **(13).**
STAFF: Valerie Dorr, Bill Haskell, Mitch Katz, Tracy Kwok, Patricia Wu, Charles Brand.

II. **Review of Minutes and Agenda**

The minutes of April 25, June 13 and June 27, 1994, and the agenda of July 11, 1994, were approved. Mr. Leong, Mr. Lew, and Ms. Times abstained.

III. **General Announcements**

Glossary *ords*

Ms. Dorr reported that the current amount of CARE* Year One and Year Two unallocated funds is $2,278,000. This level permits the funding of more "one-time funds" proposals than originally expected.

Tracy Kwok, the new associate auditor of the AIDS Office, was introduced. The Members welcomed their five new associates to their first meeting: John Gressman, Chris Hall, Jon Henry Kouba, Janet Nasser, and Norm Nickens.

Mr. Haskell announced that the AIDS Office will initiate the annual program monitoring and site visits on August 15, using the Strategic Monitoring system that the Council adopted last year. Thirty-four programs will be visited. Each Council Member will be requested to participate in a site visit as part of a monitoring review team. The balance of CARE*-funded programs will either complete the New Program Checklist (if in operation for six months or less) or, if previously monitored in the last two years, submit an annual report. In September, ten review teams, with two Members on each team, will review the reports.

Dr. Katz announced that Member Michael Shriver had been appointed to the Health Commission. He will continue as a Member of the Planning Council, and hopes to follow the examples of former Members who served as effective liaison between the two bodies. Mr. Shriver requested that the Council find a new HIV-positive Member who can effectively represent consumers of HIV services. He will no longer be able to serve in a chairperson capacity. The Subcommittee on Membership will review Mr.Shriver's letter and recommendations at its upcoming meeting.

Mr. Howard Moffatt announced that the second international conference on "HIV/AIDS and Chinese Medicine" would be held on July 22-24, 1994, at San Francisco State University.

Ms. Thomas announced the following activities of the San Francisco Coalition for Public Health Services: on July 12 it will meet to discuss cuts to the Department of Public Health budget. July 13 will be a "lobby" day, to try to restore funding.

V. **Chairpersons' Reports**

There were no reports.

'. **Subcommittee Reports**

There were no reports.

VI. **Allocation of Unallocated 1994-1995 CARE* Funds**

The Council continued its June 27 discussion of providing unallocated 1993-1994 CARE* funds to Catholic Charities of San Francisco. These funds would help cover service delivery costs at 1594 Market Street (previously Shanti House) that are higher than those incurred by Shanti Project.

<A> The following motion was made, seconded, and unanimously approved:[1]

To accept the recommendation of the AIDS Office to provide $25,500 in unallocated 1993-1994 CARE* funds to Catholic Charities of San Francisco, to partially cover the higher service delivery costs at 1594 Market Street (previously Shanti House) since it assumed that contract.

The Council directed that the Minutes formally state the special circumstances that resulted in its consideration of allocating funds for services that have already been delivered. These are:

1. It is the largest housing project in the United States for people with AIDS.
2. Catholic Charities of San Francisco did not design the original program or make the original bid resulting in the allocated contract amount.
3. There were no other bidders.
4. The amount of money that Catholic Charities is being allocated is significantly less than the amount they bid to take the contract.
5. Had the one-time funds been allocated according to the original timetable, Catholic Charities would have had a chance to receive the money. The change in timetables was done to accommodate other contractors.

VII. **Status of Contract with Bay Area Addiction Research and Treatment (BAART) for 1994-1995 CARE* Title II Funds.**

AIDS Office staff updated the Council on issues surrounding the development of a contract with BAART for methadone maintenance. Dr. Katz reviewed the AIDS Office's attempt to persuade BAART to conform to State, City and AID Office procedures for organization and reporting. BAART staff disclaimed any legal requirement to accede to some of the requests, and wished for temporary exemption from others. Ms. Patricia Wu of the AIDS Office had visited BAART with the new contractors' checklist, and was informed that they disagreed with the AIDS Office assessment. Dr. Katz noted that BAART had not completed an A133 audit, and were attempting to have the Federal Government waive the requirement for a year. On a State of California form requiring reporting of certain transactions, they had omitted reporting a loan situation that the State and the AIDS Office believe must be reported.

Dr. Katz noted that BAART's executive director also served as the chairperson of their board, an unusual but technically legal combination. However, it cast doubt on the ability of the Board to fulfill the AIDS Office requirement that an agency's board review the work of its executive director. Finally, the agency refuses to allow the State auditors to review the books of its for-profit business. Thus the AIDS Office could not verify that the respective allocation to the two components is justified. The AIDS Office had discussed the matter with the City Attorney, and urges the Council to consider the option of locating an alternate provider. He also noted that BAART was directly informed that the matter would be an Agenda item on June 27 and July 11, and were invited to attend. They declined.

The Council discussed the matter at length, and also felt strong reservations about initiating a new service contract within such an atmosphere. Mr. Lenoir particularly objected to BAART's evasion of the procedural self-audit (A133) before the onset of contractual services. Ms. Fraser felt uncomfortable with BAART's segregation of expenses between its non-profit (70%) and for-profit (30%) sectors. Mr. Nickens noted that there are three options: (1) to negotiate the contract under the present circumstances; (2) to attempt further to reach a reasonable accommodation; or (3) to begin to identify other potential providers.

<B> The following motion was made, seconded, and unanimously approved:[2]

That the AIDS Office suspend contract negotiations with Bay Area Addiction Research and Treatment (BAART) at this time, and identify alternate providers for methadone maintenance.

VIII. **Completion of Conflict of Interest Forms**

Ms. Dorr reviewed the requirements for completing the forms, previously distributed to Members and staff. Members are urged to return them to Mr. Brand before the next Council meeting. The code became effective on July 7, 1994. Members may ignore Schedules "B" and "C1." Under "Position," write "Mayor's HIV Health Services Planning Council." Members may obtain further information from Ms. Dixie Howard at the Fair Political Practices Commission, Sacramento (916- 322-5662). Members should note that *the Report covers the period January-December* 1993. It should also be noted that when Members leave the Council, they must complete this Form again. Ms. Dorr discussed the various disclosure categories and requirements *(copy attached hereto as Attachment "A").*

VIIIa. Ms. Wood asked the Council to discuss measures that would promote the quicker convocation of a quorum at Council meetings. This matter was referred to the Subcommittee on Membership. Ms. Barbara Garcia recommended that Planning Council meetings start at 5:00 p.m., instead of 4:30 p.m.. This will accelerate Council business and reduce the time some Members must sacrifice from their regular employment. Both items are to be on the July 25, 1994, Planning Council meeting agenda.

IX. **Public Comment**

There was no public comment.

X. **The Planning Council adjourned at 6:30 p.m.**

Notes:

1 ***Vote on Motion <A>:*** **For:** Fraser, B. Garcia, Hall, Kouba, Lenoir, Leoung, Lew, Nasser, Ramos, Roger, Sasser, Thomas, Times, Wood **(14); Against: (0); Abstain: (0).**

2 ***Vote on Motion <B>:*** **For:** Fraser, B. Garcia, Hall, Kouba, Lenoir, Leoung, Lew, Nasser, Ramos, Roger, Sasser, Thomas, Times, Wood **(14); Against: (0); Abstain: (0).**

Attachments (to Members' packets):

"B" "Appendix to the Conflict of Interest Code of the Mayor's HIV Health Services Planning Council (also acting as the CARE* Title II Consortium)," 1 pp..

Glossary:

CARE The Federal **C**omprehensive **A**IDS **R**esources **E**mergency, or Ryan White Act, the major source for funding AIDS services.

Next Council Meetings:

July 25 --- August 8 --- August 25

The Council meets on the second & fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items. Minutes of Meetings and all information distributed to Council Members, are available for Inspection. Minutes of Meetings are tentative until formally approved by the Council.

For further information, please call the Council's Staff, 554-9549.

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APPENDIX "A"
7-11-94 Minutes

APPENDIX
to the Conflict of Interest Code of the
MAYOR'S HIV HEALTH SERVICES PLANNING COUNCIL
(also acting as the **CARE Title II Consortium)**

Designated Employee	Disclosure Category
Members of the Planning Council	1, 2
Chief, Health Services Branch, AIDS Office City and County of San Francisco	1, 2
Assistant Chief, Health Services Branch, AIDS Office City and County of San Francisco	1, 2
Consultant(s) */	1, 2 */

Disclosure Categories

Disclosure Category 1: Persons in this category shall disclose all investments and business positions in business entities, and income from entities or persons who may be the recipient of funds from the Council, or is of the type to contract with the SFDPH AIDS Office or the Council's member counties, to provide services of the type utilized by the Council, including but not limited to community-based organizations, home health agencies, hospices, AIDS foundations, dentists, physicians, mental health providers, etc.

Disclosure Category 2: Persons in this category shall disclose all business positions in and income from nonprofit entities which may be the recipient of funds from the Council, or is of the type to contract with the SFDPH AIDS Office and the Council's member counties, to provide services of the type utilized by the Council, including but not limited to community-based organizations, home health agencies, hospices, AIDS foundations, dentists, physicians, mental health providers, etc.

_____/

*/ The co-chairs of the Planning Council may determine in writing that a particular consultant, although a "designated position," is hired to perform a range of duties that is limited in scope and thus is not required to fully comply with the disclosure requirements in this section. The written determination shall include a description of the consultant's duties and, based upon that description, a statement of the extent of disclosure requirements. The chief executive officer's determination is a public record and shall be retained for public inspection in the same manner and location as this conflict of interest code.

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HIV HEALTH SERVICES PLANNING COUNCIL

July 25, 1994

25 Van Ness Avenue, Third Floor Conference Room
4:30 to 7:30 p.m.

AGENDA

		Approximate Time
I.	**Roll Call**	4:30 p.m.
II.	**Review of Meeting Minutes and Agenda**	4:35 p.m.
III.	**Chairpersons' Report**	4:45 p.m.
IV.	**General Announcements**	5:00 p.m.
V.	**Options for Provision of Methadone Maintenance Services** (V. Dorr) AIDS Office report on potential providers of methadone maintenance services (per Planning Council Resolution 071194B).	5:15 p.m.
VI.	**Configuration of HIV Health Services** Beginning discussion of the future configuration of HIV services, service categories in which services may be consolidated, and how these issues will be reflected in the comprehensive plan for HIV/AIDS services required by the Health Resources and Services Administration (the Federal agency administering CARE programs).	5:35 p.m.
VII.	**Public Hearing** (C. Brand) Discussion of time, venue, and parameters of the Council/ Consortia's annual public hearing to elicit public comment on HIV health services and planning.	6:10 p.m.
VIII.	**Membership Requirements** Discussion of Bylaw requirements, particularly regarding attendance at meetings and the time meetings are to begin. The first matter was referred to the Subcommittee on Membership at the July 11 meeting.	6:25 p.m.
IX.	**Public Comment**	6:45 p.m.
X.	**Adjournment**	7:00 p.m.

The Council will meet on August 8 and 22, 1994

☞ ***Note that the time and sequence stated for individual Agenda items are approximate, and may be changed by action of the Chair.***

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HIV HEALTH SERVICES PLANNING COUNCIL
July 25, 1994
25 Van Ness Avenue, Third Floor
4:30 -6:30 p.m.

I. **Roll Call**

MEMBERS: ***Quorum = 14.*** **Present: (18)** Estela Garcia *(Chair)*, Norm Nickens*(Chair)*, John Gressman, Marcy A. Fraser, Barbara Garcia, Chris Hall, Susan Karp, Jon Henry Kouba, Gerald Lenoir, J.B. Molaghan, Janet Nassar, Bob Nelson, Steve Roger, Geoffrey Sackett, Sean Sasser, Laura Thomas, Rita Times, Mary Jane Wood.
Absent: (8) Gene Copello, Jaime Geaga, Lester D. Hanson, Gifford S. Leoung, Steve Lew, Carmen Portillo, Elliot S. Ramos, Mike Shriver. **On Leave: (3)** Steve Burns, Pat Christen, Jerry Windley.
STAFF: Valerie Dorr, Bill Haskell, Mitch Katz, Charles Brand.

II. **Review of Minutes and Agenda**

The minutes of July 11, 1994, and the agenda of July 25, 1994, were approved.[1]

III. **General Announcements**

Ms. E. Garcia announced that the training session for new Planning Council Members, originally scheduled for August 29, was shifted to September 19, 3:00 to 7:00 p.m., because of scheduling conflicts. A second session will be held in October for those unable to attend the first.

Mr. Gressman, the newest Member, was introduced to the Council.

e Glossary words with ""*

Mr. Nelson reported that HOPWA* faced efforts in the Senate budget committee to keep its funding level flat -- which means a decrease for the San Francisco EMA*.

Ms. Dorr announced that she is scheduling the first meeting of the "RFP Working Group." Mr. Burns, Ms. Christen, and Mr. Sasser will represent the Planning Council, but all Members are invited to participate. Mr. Gressman and Mr. Nelson agreed to serve on the Working Group. The group will examine the entire process, and will meet three or four times. The Health Services Advisory Committee has offered many suggestions, and its members will participate.

A memorial service for former Council Member and Health Commissioner Pierre Luddington will be held on July 30.

IV. **Chairpersons' Reports**

Ms. E. Garcia received Member Scott Miller's formal letter of resignation. He requests the Council to obtain a new Member to represent youth. She will write Mr. Miller on behalf of the Council, expressing appreciation for his conscientiousness and dedicated services, and conveying its best wishes to him as he moves to Palm Springs, California.

Mr. Nickens reminded Members to complete their *Conflict of Interest* forms. Address any questions to him or Mr. Brand.

IVa. **Subcommittee Reports**

- The **Subcommittee on Membership** met last week to review the outcome of the Planning Council's membership recruitment activities. The response to the advertisement efforts has been minimal. The only applicant was from outside the EMA*, and therefore ineligible. Mr. Haskell noted that the advertisement was also sent to health services contractors, CSAS contractors, the Coalition for Immigrants' Rights & Refugees, the Bar Association, and the Coalition on Homelessness. Ms. Garcia said that, while media efforts should be continued, a grassroots effort is also needed to meet the Planning Council's goals. Each member of the Subcommittee will focus on recruiting new Members to represent one of the four listed representation categories. They feel that there should be at least an annual formal review of membership and the recruitment process.

The Subcommittee endorsed Mr. Shriver's recommendation to choose a self- identified HIV-positive person to succeed him as co-chair, and a new Member to represent consumers of HIV health services. Ms. Garcia asked HIV-positive Members who were interested in the co-chair position to meet with her.

Their next meeting is on August 11, at 9:00 a.m.. Among the subjects to be discussed is "alternate membership" on the Council for consumers of HIV services who may become Members.

- The **Subcommittee on Long-Range Planning** held a retreat on Saturday, July 23, from 10 a.m. to 3:00 p.m.. There was a good turnout, and the meeting was facilitated by Gary Levinson of the Support Center. Ms. Thomas said that the participants reviewed the seven recommendations of the *Voices of Experience* report, specifically their parameters and how to implement them. The next meeting, on August 12 (at San Francisco State University Extension, 425 Market Street, from 10 a.m. to 2 p.m.), should generate more concrete proposals for Planning Council consideration.

V. **Options for Provision of Methadone Maintenance Services** (V. Dorr)

Ms. Dorr reported on the efforts to find alternative contractors of methadone maintenance services. The contract proposed for Bay Area Addiction Research and Treatment was for $150,000, to provide 50 slots of methadone maintenance. Ms. Dorr talked with staff at Westside and Ward 93 (San Francisco General Hospital). Both have slots available and are interested. Although none provide services in BAART's two areas, Westside and Ward 93 are easily accessible by public transportation. Because more than one provider is interested in offering this service, an alternate solicitation process must be used. The alternative solicitation process can be accomplished within a month, since it does not involve the full CARE* RFP process. If necessary and desirable, the RFP review team can split the available funds.

Mr. Molaghan asked that the program make allowance for access to treatment, an essential component. Ms. Fraser noted that BAART's two sites were close together. She recommended that greater geographical spread be achieved by stipulating that some treatment be provided in the southern part of the City. Mr. Lenoir recommended that the solicitation stipulate that the allocation might be split between more than one contractor, if necessary to achieve all programmatic goals. The AIDS Office will incorporate these recommendations into the final solicitation.

VI. **Configuration of HIV Health Services**

Members received a proposed timetable for the review of information related to the prioritization and configuration of services.[2] The timetable was modified as follows: (1) the Needs Assessment findings will be presented on August 22; (2) the September dates were changed to September 12 and 26 *(see Attachment "A")*. Dr. Katz asked the Members what type of information would best facilitate their efforts in service category prioritization and in considering service reconfiguration. The AIDS Office staff will provide all items recommended by Membership.

He noted that this year's Needs Assessment is the most sophisticated to date, largely because AIDS Office staff directly solicited the 1,500 client responses. They are much more complete than last year.

Because San Francisco is not aware whether it will get any additional funding, it may be desirable to defer the RFP process to January, *after* the CARE* application is reviewed. Although we will prioritize service categories and specify their respective allocations in the application, we will not designate awardees, but rather indicate "agency to be specified." Many other applicants have done this in the past.

It may also be necessary to schedule additional meetings in order to follow the timeline.

VII. **Public Hearing**

The Members agreed that the hearing for persons who use HIV services should be held in September, at the Health Commission Chambers (101 Grove Street). Mr. Molaghan and Ms. Times will meet with staff to plan on how to attract a large public turnout. Public service announcements will be utilized, and CARE* agency case works will be asked to help generate client participation.

VIII. **Membership Requirements**

Mr. Nickens reviewed the attendance patterns of Members during the year ending June 30, and led a discussion of ways to secure a quorum as early as possible in the meeting. Among the proposals were: (1) deferring items requiring a vote to the end of the meeting; (2) reviewing attendance and quorum patterns on a quarterly basis; (3) the chairpersons' contact of Members who have missed three meetings in a single quarter. The Members prefer to keep the 4:30 p.m. starting time.

Mr. Haskell stressed the need for Members to inform Council staff (Charles Brand) when they will be late or absent, and provide advanced, written notice of a leave of absence. For their convenience, a form was prepared to facilitate leave requests *(copy attached)*.

IX. **Public Comment**

There was no public comment.

X. The Planning Council adjourned at 6:30 p.m..

NOTES:

1 The following abstained from approval of the Minutes: E. Garcia, Nelson, Times.
2 (AIDS Office), *Tentative Timetable for HIV Health Services Planning Council: Prioritization/ Configuration of Services.*

ATTACHMENTS *(Members' Packets)*:

- (AIDS Office), *Tentative Timetable for HIV Health Services Planning Council: Prioritization/ Configuration of Services.*

(Form:) *Request for Leave of Absence.*

- (Planning Council), *Nominations are requested for Membership on The San Francisco HIV Health Services Planning Council:* July 27, 1994.

GLOSSARY:

CARE	The Federal **C**omprehensive **A**IDS **R**esources **E**mergency, or Ryan White Act, the major source for funding AIDS services.
EMA	**E**ligible **M**etropolitan **A**rea: an urban area eligible to receive CARE* Title I funds. The "San Francisco EMA" consists of the counties of San Francisco, Marin and San Mateo.
HOPWA	**H**ousing **O**pportunities for **P**ersons with **A**IDS, a Federal program to assist in funding housing programs for HIV/AIDS clients.
HRSA	**H**ealth **R**esources and **S**ervices **A**dministration, the Federal agency administering CARE* programs.

Next Council Meetings:

August 8 August 22

The Council meets on the second & fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items.

Minutes of Meetings and all information distributed to Council Members, are available for inspection.

For further information, please call the Council's Staff, 554-9549.

Minutes of Meetings are tentative until formally approved by the Council.

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HIV Health Services Planning Council

August 8, 1994
4:30 PM to 7:00 PM
25 Van Ness Avenue, 7th Floor

Agenda

1.	Roll Call		4:30-4:35 PM
2.	Review of Minutes of July 25, 1994 and Agenda of August 8, 1994		4:35-4:45 PM
3.	General Announcements		4:45-5:00 PM
4.	Chairpersons' Reports		5:00-5:15 PM
5.	Subcommittee Reports		5:15-5:30 PM
6.	**CARE* Title I Comprehensive Plan** Review of the instructions from HRSA* for the comprehensive plan to address the service needs of individuals and families living in the EMA*; which will be required for the FY 1995 CARE* Title I Supplemental application.	Bill Haskell & Valerie Dorr	5:30-6:00 PM
7.	**State Administered CARE* Title II Community-Based Care Project** Presentation of medical model case management program of Westside Community Mental Health. The staff provide brokerage model case management.	Janet Nassar	6:00-6:15 PM
8.	**San Francisco's CARE Title III(b) Early Intervention Program** Presentation of the program of Community Clinic Consortium, which focuses on confidential HIV testing and counseling in clinics serving special needs populations. Clinics include: Tom Waddell Clinic, LSYC, and SFCCC.	John Gressman	6:15-6:30 PM
9.	**Client Responses from 1994 Needs Assessment** AIDS Office staff will review and summarize the responses included in the 1994 Needs Assessment survey of the Continuum of HIV services in the EMA*.	Bill Haskell	6:30-6:45 PM
10.	Public Comment		6:45-7:00-PM
11.	Adjournment		7:00-PM

Notes

CARE The Federal *C*omprehensive *A*IDS *R*esources *E*mergency, or Ryan White Act, the major source for funding AIDS services.

EMA *E*ligible *M*etropolitan *A*rea; an urban area eligible to receive CARE* Title I funds. The "San Francisco EMA" also includes the counties of Marin and San Mateo .

HRSA *H*ealth *R*esources and *S*ervices *A*dministration, the Federal agency administering CARE* programs.

Additional Information

Next Meetings: August 8 & August 22, 1994

The Council meets on the second and fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items. Minutes of meetings and all information distributed to the Council Members, are available for inspection and copying. For further information, call the Council's Staff, 554-9549.

Minutes of Meetings are tentative until formally approved by the Council.

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HIV Health Services Planning Council

MINUTES OF MEETING AUGUST 8, 1994

1. Roll Call[1] 4:30-PM | Quorum: 4:45-PM

Discussion: The Planning Council agreed that the chairpersons will continue to grant requests for leave of absence, following announcement to the Council. Mr. Windley's request for leave through August 31 was granted.

2. Review of Minutes and Agenda *(4:35-4:45-PM)*

The Minutes of July 25, 1994, and the Agenda of August 8, 1994, were accepted. Mr. Shriver abstained.

3. General Announcements *4:45-5:00-PM*

1. Several Member participants discussed the recent meeting of the Title II Working Group. Ms. Dorr announced that she had received a belated request from the State Office of AIDS to designate Members.

2. Ms. Dorr is negotiating with HRSA* for release of Title I surplus funds to fund one-time projects. HRSA* wishes to capture as much surplus as possible, and is reluctant to authorize rollovers.

3. Mr. Haskell reported on a letter to the Council from the Public Interest Center on Long-Term Care. They wish to develop a regional advisory group, and want representatives of the disabled, aging, and HIV-infected population. Their next meeting is on September 23, 1994, in San Francisco.

Action item: √ Mr. Sackett will represent the Council on the regional advisory group of the Public Interest Center on Long-Term Care.

4. Ms. Wood observed that the AIDS Foundation promotion of a lottery for rental subsidies was upsetting, considering how much of the HOPWA funds remain unspent.

4. Chairpersons' Reports *5:00-5:15-PM*

Members received the updated *Calendar for the Title I Supplemental Application* process. All changes will be brought to Members' attention as soon as possible, to facilitate their planning. The Public Hearing will be held at 101 Grove Street on *Thursday*, September 22, 1994, at 5:00-PM.

Mr. Sasser noted that Youth Empowerment was omitted from the list of local "Special Projects of National Significance."

Action item:. √ Mr. Haskell will modify the next edition of the Calendar, to include a presentation on Youth Empowerment

5. Subcommittee Reports *5:15-5:30-PM*

Mr. Lew reported that there is a strong turnout for the Subcommittee on Long-Range Planning's Saturday meetings. The group would like to have the participation of a provider of medical services. The principal objective is to implement the seven proposals in the *Voice of Experience* study, in order to achieve a client-centered system. Their work is on schedule, and their recommendations will be presented to the Mayor's Joint HIV Taskforce, which Member/Health Commissioner Shriver chairs.

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6. Informational Presentation on CARE* Reauthorization. Regina Aragon of the San Francisco AIDS Foundation will discuss reauthorization of the Ryan White CARE* Act. *5:30-5:45-PM*

Discussion: Ms. Aragon did not attend. Mr. Shriver updated the Members on the subject. Sonoma County might be the only eligible one of four special jurisdictions ("hamlets") concocted to share in a special set-aside of $3 million in Title I CARE* funds. The advocatory groups are urging Congress to increase the amount of Title I Supplemental funds to $39 million, but face some resistance. The appearance and activity of new groups weakened the coordinated effort to modify the Ryan White CARE Act. The effort to secure more funding for non-EMA entities would not *ipso facto* reduce San Francisco EMA's net. Other factors might decelerate the growth of CARE* funding, and the Council should focus on prioritization of current programs, not just new ones.

Members received a packet of materials providing current information on CARE* Act reauthorization.

7. CARE* Title I Comprehensive Plan. Review of the instructions from HRSA* for the comprehensive plan to address the service needs of individuals and families living in the EMA*; which will be required for the FY 1955 CARE* Title I Suppplemental application *5:45-6:00-PM*

Discussion: Mr. Haskell reviewed the July 26, 1994 instructions for the development of a Comprehensive Plan, and the Members received a draft outline of the requirements ("Attachment H"). The Long Range Planning Committee and the Support Center will draft components of the Comprehensive Plan. The major components must be finalized by November 1. Four groups may be involved in an oral presentation of the Comprehensive Plan at HRSA (outside Washington, D.C.): the Planning Council, the grantee agency, agency CARE recipients, and clients

The Plan must embrace the entire EMA. Although Marin's AIDS Advisory Commission is formulating its plan in tandem with the Planning Council's calendar and scope, it is advisable that persons from Marin and San Mateo counties actively participate in the preparation of the EMA Comprehensive Plan. No one from either county is currently on the Subcommittee, or participates in its deliberations.

Action items: √ The Long-Range Planning Subcommittee and the Support Center.will provide sufficient lead time for the Planning Council to approve the major components of the Title I Comprehensive Plan by November 1.
√ Mr. Copello and Mr. Sackett will encourage Marin & San Mateo participation on Long-Range Planning Subcommittee.

8. State Administered CARE* Title II Community-Based Care Project . Presentation of medical model case management program of Westside Community Mental Health. The staff provide brokerage model case management. *6:00-6:15-PM*

Discussion: Ms. Nassar discussed the programs, policies, goals and challenges of Westside Community Mental Health. The State-administered program began in 1988, and registered nurses and social workers provide broker-type case management to clients who must be at least symptomatic. The clientele reflect San Francisco demographnics, and upwards of 80% are dual- or triple-diagnosed. 86 unduplicated clients are served on the State contract, and 60 are served on the Medi-Cal Waiver program. When a client reaches the annual Medi-Cal Waiver cap ($13 thousand), (s)he is switched to the State-administered case management program in order to maintain care. The chief problem with the Waiver program is the inadequate reimbursement rate.

9. San Francisco's CARE Title III(b) Early Intervention Program . Presentation of the program of Community Clinic Consortium, which focuses on confidential HIV testing and counseling in clinics serving special needs populations. Clinics include: Tom Waddell, LSYC, and SFCCC. *6:15-6:30-PM*

Discussion: Mr. Gressman discussed the work of the Consortium which, like Westside, is not funded through the Planning Council. They are in their fourth year of HRSA Title III(b) funding, which amount has remained relatively flat. The $475 thousand is distributed to eight health centers. Although there are certain areas of flexibility that Title I programs do not enjoy, the regional Title III(b) coalition is trying to remove some of HRSA's restrictions on case management.

10. Client Responses from 1994 Needs Assessment. AIDS Office staff will review and summarize the responses included in the 1994 Needs Assessment survey of the Continuum of HIV services in the EMA*. *6:30-6:45-PM*

Discussion: Mr. Haskell distributed a summary of the voluntary comments provided by one-third of the clients who participated in the Needs Assessment.. The thorough quantitative discussion of the Needs Assessment is scheduled for the Planning Council's August 22, 1994, meeting.

Ms. Wood requested that the information from Marin and San Mateo be extrapolated from the general report, for their use.

Action item: Rani Marx will extrapolate Marin and San Mateo data from the general Needs Assessment report.

11. Public Comment *(6:45-7:00-PM)*

There was no public comment.

12. Adjournment: **6:45-PM**

Glossary:

CAEAR	*C*ities *A*dvocating *E*mergency *A*IDS *R*elief. A public interest group advocating maximum government funding for AIDS services in EMAs.
CARE*	The Federal *C*omprehensive *A*IDS *R*esources *E*mergency, or Ryan White Act, the major source for funding AIDS services.
EMA	*E*ligible *M*etropolitan *A*rea: an urban area eligible to receive CARE* Title I funds. The "San Francisco EMA" consists of the counties of San Francisco, Marin and San Mateo.
HRSA*	*H*ealth *R*esources and *S*ervices *A*dministration, the Federal agency administering CARE* programs.

[1]Roll Call — A=Absent; E=Execused Absence; L= Leave.

Estela Garcia *(Chair)*	√	Steve Burns	√	Pat Christen	A	Gene Copello	√	Marcy A. Fraser	E
Norm Nickens *(Chair)*	√	Barbara Garcia	E	Jaime Geaga	√	John Gressman	√	Chris Hall	√
Lester D. Hanson	A	Susan Karp	√	Jon Henry Kouba	L	Gerald Lenoir	A	Gifford S. Leoung	A
Steve Lew	√	J.B. Molaghan	E	Janet Nassar	√	Bob Nelson	A	Carmen Portillo	√
Elliot S. Ramos	√	Steve Roger	√	Geoffrey Sackett	√	Sean Sasser	√	Mike Shriver	√
Laura Thomas	√	Rita Times	E	Jerry Windley	L	Mary Jane Wood	√		

STAFF: Valerie Dorr, Bill Haskell, Paul Moreno, Dennis Yamamoto, Charles Brand

Additional Information

Next Meetings: August 22, 1994

The Council meets on the second and fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items. Minutes of meetings and all information distributed to the Council Members, are available for inspection and copying. For further information, call the Council's Staff, 554-9549. ***Minutes of Meetings are tentative until formally approved by the Council.***

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HIV Health Services Planning Council

August 22, 1994

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4:30 PM to 7:20 PM
25 Van Ness Avenue, Third Floor

A G E N D A

4:30-4:35 PM	1. Roll Call	
4:35-4:40 PM	2. Review of Minutes and Agenda	
4:40-4:50 PM	3. General Announcements	
4:50-5:00 PM	4. Chairpersons' Reports	
5:00-5:10 PM	5. Subcommittee Reports	
5:10-5:55 PM	6. **The 1994 Client Needs Assessment.** *Presentation of 1994 needs assessment findings, based on 1,500 valid responses from clients in San Francisco, San Mateo and Marin Counties.*	Rani Marx Mark Morewitz Susan Williams
5:55-6:25 PM	7. **Review of Current CARE* Budget.** *Presentation of current CARE* budget by service area and by program, with annualized dollar figures (to account for some projects now being on 10-month or 14-month budget cycles). Spreadsheets will show the proportion of funding going to CBOs vs. DPH.*	Valerie Dorr
6:25-7:00 PM	8. **Review of Current HIV Services.** *Presentation of current services supported with CARE*, General Funds, and State Funds, including service modalities, units of service, cost per unit of service, and unduplicated clients (detail not at the level of Program).*	Valerie Dorr
7:00-7:20	9. **Recommendations for a Client-Centered System of CARE.** *Presentation and discussion of recommendations from the Long-Range Planning Subcommittee to create a client-centered system of care. Possible formal acceptance (vote) by Council.*	Sean Sasser
7:20-7:30 PM	10. Public Comment	
7:30 PM	11. Adjournment	

Notes

CARE The Federal **C**omprehensive **A**IDS **R**esources **E**mergency, or Ryan White Act, the major source for funding AIDS services.

Next Meetings: August 22, September 12, 1994

The Council meets on the second and fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items. Minutes of meetings and all information distributed to the Council Members, are available for inspection and copying. For further information, call the Council's Staff, 554-9549.

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HIV Health Services Planning Council

MINUTES OF MEETING AUGUST 22, 1994

1. Roll Call 4:30-PM | Quorum: 4:30-PM

2. Review of Minutes and Agenda — 4:35-4:40 PM

The Minutes of August 8, 1994, were corrected as follows: Mr. Nelson was present at the meeting; and Mr.Leoung's and Mr. Lenoir's absences were excused. The Minutes, and the Agenda of August 22, 1994, were accepted. Ms. Christen and Ms. B. Garcia abstained.

3. General Announcements — 4:40-4:50 PM

1. Mr. Haskell asked if the Council wished to change the meeting date of October 10 -- a legal holiday -- to October 17, 1994. The Council agreed that it will meet on October 17 and October 24, 1994.
2. Ms. Dorr has obtained HRSA's* approval to use unexpended Title I funds, available from previous years, for the one-time grants. When written approval is received, the disbursement process can begin.
3. Members are to return Form 730 (*"Conflict of Interest"*) to Mr. Brand as soon as possible.
4. Mr. Lenoir informed the Members that HUD* has designated Rafiki House, a housing program of the Black Coalition on AIDS, as a "special program of national significance" (*"SPNS"*). The Coalition will receive approximately $718,000 over three years. The program was initially funded by the Planning Council, and subsequently by HOPWA*. He expressed his appreciation of the ongoing support of the AIDS Office and the various community housing providers.
5. Mr. Burns has been designated Executive Director of 18th Street Services, effective today.
6. Mr. Shriver reported on CARE* Act reauthorization. All advocacy groups are now in agreement, thanks largely to the efforts of Regina Aragon to achieve a concensus. The unified approach toward Title II should not affect the San Francisco EMA's* net allocations. The Senate is now deliberating over the "language" of the Act. Efforts are being made to expedite passage after the preliminary activity is completed

A> The following motion was made, seconded, and passed. Ms.Christen abstained.

That the HIV Health Services Planning Council commends the successful efforts of Ms. Regina Aragon to achieve concensus among CARE* Act advocacy groups, and directs the Chairpersons to formally notify Ms. Aragon of this commendation .

Action item: The Chairpersons will write Ms. Aragon, on behalf of the Council.

4. Chairpersons' Reports — 4:50-5:00 PM

Mr. Nickens said that the State of California Office of AIDS has asked the Consortium/ Planning Council to designate a representative to the statewide CARE* Title II Working Group. Meetings begin with the October 18 orientation session in Santa Rosa. Ms. B. Garcia, the previous representative, agreed to continue to represent the Consortium, and her designation was confirmed unanimously by voice vote of the Members.

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Mr. Nickens said that the Mayor's and Board of Supervisors' Joint Task Force on the AIDS Epidemic has requested the Planning Council to send a representative to address the Task Force on the Council's operations, goals and achievments. Mr. Haskell will do so. Currently Ms. Fraser, Dr. Katz, Mr. Hanson, Mr. Nelson, Mr. Nickens, and Mr. Sasser serve on the Joint Task Force, which will begin a series of public forums on August 23. The Members discussed whether these forums would render the Council's September 22, 1994, Public Hearing redundant. Mr. Lenoir noted that the forums were topic-oriented, and did not have the open and client-centered format of our public hearing. All agreed that the Council must be formally apprised of the information gained at the forums, as well as at the public hearings scheduled by the Prevention Planning Council; and Mr. Nickens agreed to report formally to the Council on a regular basis.

Ms. Fraser felt that the Task Force had accomplished very little in the first nine months of its year's mandate of existence. The year concludes on December 1, but a two months' extension will enable it to complete the formal report it is mandated to produce. No supervisor has attended its meetings, but Mayor Jordan has come. Mr. Nelson observed that the Task Force is the only group with a global perspective, and reviews the needs assessments of all groups concerned with HIV services. It took many months to orient all members on the logistics of the epidemic and the response; and the budget crisis and significant administrative changes in governing agencies further distracted it from its work.

Action items:
- Ms. Barbara Garcia will continue as the Consortium/ Planning Council's representative to the statewide CARE* Title II Working Group, during fiscal year 1994-1995.
- On August 31, 1994, Mr. Haskell will address the Joint Task on the Planning Council's scope of activities.
- Mr. Nickens will report formally to the Planning Council, on a regular basis, on the information generated at the public forums conducted by the Joint Task Force on the AIDS Epidemic, and the public hearings conducted by the Prevention Planning Council.

5. Subcommittee Reports — *5:00-5:10 PM*

Ms. Estela Garcia presented the recommendations of the Subcommittee on Membership, for persons to fill the five vacant positions on the Council. Fourteen persons were proposed, and the Subcommittee recommends that the Planning Council nominate the following to the Mayor: Mr. Lynford Gale (*Homeless*), Mr. Danny Joe (*Disabled*), and Mr. Rudy Servin (*New Immigrants/ Undocumented*). There were no nominations to fill the position of representative of the *Incarcerated* target group, and the Subcommittee will not determine the representative of *Consumers of HIV Services* until August 24, 1994.

B> Mr. Molaghan made the following motion, which was seconded, and passed.[2]

That the HIV Health Services Planning Council requests Mayor Frank Jordan to appoint the following persons to serve on the Planning Council: Mr. Lynford Gale (representing the *Homeless*), Mr. Danny Joe (representing the *Disabled*), and Mr. Rudy Servin (representing *Immigrants and Undocumented Persons*).

Action item: The chairpersons will compose and send a letter of nomination to Mayor Jordan; and letters to persons who were not selected, notifying them that their names will be kept on file, and encouraging them to remain interested in the Council and its activities..

6. The 1994 Client Needs Assessment. Presentation of needs assessment findings, based on 1,500 valid responses from clients in San Francisco, San Mateo and Marin Counties

5:10-5:55 PM Rani Marx, Mark Morewitz, Susan Williams

Discussion: Members received the *1994 Ryan White Needs Assessment: Client Survey Results: 8/22/94.* It should be retained as basic background information, for use in the CARE* Title I Supplemental grant application process. Ms Marx reviewed and discussed each section. Mr. Shriver noted that no information is provided on clients' need for, or satisfaction with, case management services.

Ms. Dorr emphasized that the Needs Assessment cannot reflect the impact of the Planning Council's prioritization for the current year, since there has been insufficient time for the changes to have an effect. For instance, although the amount for dental services almost doubled in the current year, the need for these expressed by clients reflects the amount of services provided by *last year's* allocation.

7. Review of Current CARE* Budget. Presentation of current CARE* budget by service area and by program, with annualized dollar figures (to acount for some projects now being on 10-month or 14-month budget cycles). Spreadsheets will show the proportion of funding going to CBOs vs. DPH.

6:40-7:00 PM Valerie Dorr

Discussion: Members received the *Health Services Branch Master Contract List for 1994-1995.* It should be retained as basic background information, for use in the CARE* Title I Supplemental grant application process.

Ms. Dorr explained that the *List* states the *actual* amount for services, deducting the 5% administrative line. The amounts are *annualized*, since the effort to unify agencies' programs as either all Formula or all Supplemental, resulted in some being on a ten-month period. Methadone maintenance contracts are not included.

Last week the program managers informed every agency what is included in each exhibit. Some discrepencies remain, and further clarification is necessary. This might change some final dollar amounts on the *List.*

8. Review of Current HIV Services. Presentation of current services supported with CARE*, General Funds, and State funds, including service modalities, units of service, cost per unit of service, and unduplicated clients (detail not at the level of Program)

7:00-7:20 PM Valerie Dorr

D Discussion: Ms. Dorr distributed *Table H: FY 1994 Implementation Plan.* This should be retained as basic background information, to be utilized in the CARE* Title I Supplemental grant application process.

Table H provides the *average* cost per unit of service within that service category. Programs funded by State or General Fund moneys are not included. General Fund dollars mostly support psycho-social services and some housing programs. State funds are generally used for housing programs, as well as ADAP* and Mission Neighborhood Health Center.

Action Items: √ Ms. Dorr will reformat the information, to show which items are newly funded, and how much each item has increased.

9. Recommendations for a Client-Centered System of Care. Presentation and discussion of recommendations from the Long-Range Planning Subcommittee to create a client-centered system of care. Possible formal acceptance (vote) by Council.

7:00-7:45 PM Laura Thomas Support Center

Discussion: Ms. Thomas distributed *Short-Range Action Plan for a Comprehensive Client-Centered System of HIV Care (8/22/94).* This should be retained as basic background information, to be utilized in the CARE* Title I Supplemental grant application process.

The *Plan* summarizes the discussion and findings of the Long-Range Planning Subcommittee, to implement the findings of the *Voices of Experience* study, particularly the "Seven Requirements for a Client-Centered System of Care." Ms. Thomas reviewed the entire *Plan*, which makes several recommendations for achieving the service objectives, and asks that they be funded and implemented within the next twelve months.

Mr. Nelson noted that the Plan involved some expensive infrastructural change by various agencies, including items that the CARE* Act and/ or the Council's own prioritizations do not fund. Ms. Christen observed that some agencies received most of their funding from non-CARE* resources. Can the Council require what it cannot fund? Ms. Wood advised not using the term "non-HIV," to avoid the impression that the Council oversteps its legal mandates. Members expressed their satisfaction with the *Plan*'s recommendations, scope and format.

Action Items: √ The Council will further discuss and vote on the plan at a future meeting.

10. Public Comment — *7:45 pm*

There was no public comment.

11. Adjournment — 7:45-PM

[1] Roll Call

A=Absent; E=Excused Absence; L=Leave of Absence

Estela Garcia *(Chair)*	√	Steve Burns	√	Pat Christen	√	Gene Copello	A	Marcy A. Fraser	√
Norm Nickens *(Chair)*	√	Barbara Garcia	√	Jaime Geaga	√	John Gressman	√	Chris Hall	√
Lester D. Hanson *	A	Susan Karp	√	Jon Henry Kouba	√	Gerald Lenoir	√	Gifford S. Leoung	E
Steve Lew	E	J.B. Molaghan	√	Janet Nassar	E	Bob Nelson	√	Carmen Portillo	√
Elliot S. Ramos	A	Steve Roger	√	Geoffrey Sackett	E	Sean Sasser	E	Mike Shriver	√
Laura Thomas	√	Rita Times	E	Jerry Windley	L	Mary Jane Wood	√		

STAFF: Alba Barreto, Charles Brand, Valerie Dorr, Teri Dowling, Bill Haskell, Dorenda Haynes, Mitch Katz, Herman Levias, Rani Marx, Susan Williams.

[2] VOTE ON MOTION "B":

■ *Absent or not voting* — **A** *Abstention*

Estela Garcia *(Chair)*	A	Steve Burns	√	Pat Christen	√	Gene Copello		Marcy A. Fraser	√
Norm Nickens *(Chair)*	A	Barbara Garcia	√	Jaime Geaga	A	John Gressman	√	Chris Hall	√
Lester D. Hanson		Susan Karp	√	Jon Henry Kouba	√	Gerald Lenoir	√	Gifford S. Leoung	
Steve Lew		J.B. Molaghan	√	Janet Nassar		Bob Nelson		Carmen Portillo	
Elliot S. Ramos		Steve Roger	√	Geoffrey Sackett		Sean Sasser		Mike Shriver	√
Laura Thomas	√	Rita Times		Jerry Windley		Mary Jane Wood	√	*14-For; 1-Abstentions.*	

REMINDER: Form 730 (Conflict of Interest) is due!

Glossary:

ADAP	*AIDS Drug Assistance Program*, the State of California program to provide easily accessible pharmaceuticals to persons with HIV or AIDS.
CARE	The Federal *Comprehensive AIDS Resources Emergency*, or Ryan White Act, the major source for funding AIDS services.
EMA	*Eligible Metropolitan Area*: an urban area eligible to receive CARE* Title I funds. The "San Francisco EMA" consists of the counties of San Francisco, Marin and San Mateo.
HOPWA	*Housing Opportunities for Persons with AIDS*, a Federal program to assist in funding housing programs for HIV/AIDS clients.
HRSA	*Health Resources and Services Administration*, the Federal agency administering CARE* programs.
HUD	The (Federal) Department of *Housing and Urban Development*, that administers HOPWA funds.

Next Meetings: September 12 and September 26, 1994

The Council meets bimonthly on the second and fourth Mondays, at the time and place noted above. All are welcome and have the opportunity to comment on Agenda items. Minutes of meetings and all information distributed to Council Members, are available for inspection and copying. For further information, call the Council's Staff, 554-9549.

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NOTICE of MEETING

For: HIV Health Services Plannning Council Members

What: Long Range Planning Subcommittee Retreat

When: Saturday, September 10, 1994
10:00 am to 3:00 pm

Where: San Francisco State University Extension
425 Market Street (entrance on Fremont)
3rd Floor, Room 301

Why: The Development of Goals for the Comprehensive Plan

This year, as an attachment to the CARE Application for 1995-96 supplemental funds, all EMAs must provide the Health Resources and Services Administration (HRSA) with a Comprehensive Plan for the organization and delivery of HIV services. The Plan must address the HIV service needs of individuals and families living within the EMA. It is intended to provide important background information for HRSA so that it can understand the unique challenges posed by the epidemic at the local level. It is also intended to demonstrate how the required FY 1995 Implementation Plan (for the use of FY 1995 formula and supplemental funds) fits within the context of the EMA's overall short and long-term services goals and objectives.

The Long-Range Planning Subcommittee of the HIV Health Services Planning Council will hold a Saturday Retreat on September 10, 1994, from 10:00 am to 3:00 pm. Its purpose is to establish goals for HIV services, required for the development of a Five Year Comprehensive Plan for the San Francisco EMA. This will be a working meeting, and **all interested Planning Council members are strongly encouraged to attend.** During this retreat, both overaching goals as well as goals for specific service categories will be developed. Following the retreat, these draft goals will be taken to the community for additional input before they are finalized by the full Planning Council. Once finally established, these goals will be used as the basis for the development of specific short-term objectives (12 months) and long-term objectives (2 to 5 years).

Because these goals will become the basis for: (1) the expansion of some services; (2) the reconfiguration of other services; and/or (3) the reorganization of how services are made available to clients, it is crucial that we have your involvement at an early stage of their development. Please join us. If you have any questions, please call Bill Haskell at 554-9106

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HIV Health Services Planning Council

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September 12, 1994

4:30 PM to 6:45 PM
25 Van Ness Avenue, Third Floor

AGENDA

4:30-4:35 PM	1. Roll Call	
4:35-4:40 PM	2. Review of Minutes of August 22, 1994, and Agenda of September 12, 1994.	
4:40-4:50 PM	3. General Announcements	
4:50-5:00 PM	4. Chairpersons' Reports	
5:00-5:10 PM	5. Subcommittee Reports	
5:10-5:30 PM	6. **Fiscal Year 1993-94 Deliverables provided by CARE*-funded Programs.** *Presentation on contracted deliverables (percent provided of projected units of service, unduplicated clients) for each CARE* funded program during the prior fiscal year.*	Valerie Dorr
5:30-6:10 PM	7. **The HOPWA Program.** *Ms. Drickersen Cortez of the SFRA* will discuss the background, challenges, goals and achievements of the HOPWA* Program; and the capital development, lease/rental assistance, and supportive services it oversees; and when any HOPWA* service programs will switch to CARE* funding. The Council will review and vote to authorize the breakdown of HOPWA funds allocated to capital development, lease/ rental assistance, & supportive services as specified in the Five Year HIV/AIDS Housing Plan..*	Deborah Drickersen Cortez
6:10-6:35 PM	8. **CARE* Title IV Youth HIV Services Delivery Project.** *Mr. Hall will present on this project operated by Project Ahead, which supports the provision of comprehensive youth services through a consortium of service providers.*	Chris Hall
6:35-7:00 PM	9. **Review of Goals for Comprehensive HIV Service Plan.** *The Council will review and refine the draft goals for HIV services devleoped by the Long-Range Planning Subcommittee, which will be incorporated into the Comprehensive Plan for HIV Services.*	Long-Range Planning Subcommittee
7:00-7:15 PM	10. **Review of Short-Range Action Plan for a Client-Centered System of Care.** *The Council will review additonal components to the short-range action plan for a client system of care developed by the Long-Range Planning Subcommittee, which will be incorporated into the Comprehensive Plan for HIV Services. The Council may vote to adopt the action plan at this meeting.*	Long-Range Planning Subcommittee
7:15-7:25 PM	11. Public Comment	
7:30 PM	12. Adjournment	

Notes

CARE The Federal Comprehensive AIDS Resources Emergency (Ryan White) Act, the major source for funding AIDS services
HOPWA Housing Opportunities for Persons with AIDS, a Federal program to assist in funding housing programs for HIV/AIDS clients.
SFRA San Francisco Redevelopment Agency

Next Meetings: September 26 & October 17, 1994

HIV HEALTH SERVICES PLANNING COUNCIL

September 12, 1994

The Minutes of this meeting are missing.

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PUBLIC HEARING

September 22, 1994

Members Present: Steve Burns (*co-chair)*, Jerry Windley (*co-chair)*, Bill Hershon, Danny Joe, Bob Nelson, Laura Thomas, Norm Nickens, Rita Times

Staff Present: Valerie Dorr, Bill Haskell, Charles Brand

Mr. Burns opened the Hearing at 5:10-PM. 65 persons were in attendance. 41 attendees, all clients of CARE-funded services, made oral statements. 14 other persons submitted written testimony.

At the conclusion of the meeting, Mr. Nickens expressed appreciation for the speakers' comments -- the whole objective of the hearing.

Attachments

1. Oral comments at the public hearing
2. Written testimony submitted
3. Statistical analysis of information presented/ submitted
4. Chart: Gaps identified in 1993
5. Chart: Gaps identified in 1994
6. Chart: Major 1994 Gaps compared with 1993
7. Chart: Major 1993 Gaps compared with 1994

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1. Oral Testimony at the Public Hearing (*9-22-1994)*

ID	Sex	Eth.	Yrs. HIV	IDU	Main Needs	Other
1.	M	W			1. More $ > *AT* 2. $ for vitamins.	IEP client. Long waitlists for *AT*. *AT* deal with 7 of 19 AIDS co-factors.
2.	M	B		✓	1. *AT*	IEP client. *AT* detox'd, stabilized health.
3.	M	W			1. Continue to fund M.H. 2. Continue to fund *AT*. 3. Tighter control of dental services.	Waiting for year on ACTM waitlist. Pays from limited resources. UOP stretch exams to 4 apptmts before Tx. *Letter attached.*
4.	M	L	5.5		1. More $ > *AT*. Include massage.	Had bad effects from conventional AIDS drugs, dropped. Massage & *AT* helped. Then free. Now long waitlist and must pay $15/Acu session. Cant afford massage.
5.	M	W			1. More $ > *AT* 2. $ for vitamins.	SSA & SSI dont cover *AT*. R-W services reversed disabling effects.
6.	M	W			1. More $ > *AT*. 2. Improve Tx for incarcerated.	Walden House client. First treated when *incarcerated.* Poor Tx, bad effect of drugs. Immediate effect from first acup. Tx. T cell incr from 200> 460.
7.	M	B	3	✓	1. Better Tx, w/ detox, for incarcerated. 2. Maint. Tx programs for released.	Walden House client. Inadequate Tx while *incarcerated.*
8.	M	W	<1		1. Heterosexual support group. 2. Clinician sensitivity for hetero. needs 3. Counseling	*"Heterosexual."* Receive some prvt. therapy at Walden House. AHP waitlist.
10	M	W			1. More $ > *AT* 2. Tighter control of dental services. 3. Mental Health Therapy	IEP client. 9-mo wait for Ryan White *AT* programs. Yet *AT* most beneficial in earlier stages. *Also submitted written testimony.*
12	M	NA	3		1. Greater focus on Native Am. needs. 2. Cultural sensitivity towards NAs.	State includes non-IDU NAs under "other." But 82K NAs in Bay Area. 771 cases.
13	M	W			1. More $ > *AT*	Volunteer AIDS Hot Line. Lives on SSA. On IEP waitlist. Cant afford *AT*. *Letter from client.*
14	M	W			1. More $ > *AT* 2. $ for herbs, Chi. movement therapies	
15	M	W	1+		1. More $ > *AT* 2. $ for herbs, other *AT*s. 3. More $ > M.H. services. 4. Weekend/eve. access to all services.	BVHP client, where receives *AT*. Bad response to standard clinical drugs. Left work Feb.
16	F	B	2.5	✓	1. Greater prevention focus on Af Am females, also Latinas.	*"Heterosexual."* Walden House recovery.
17	M	W	5		1. $ > *Chinese medicines.*	A. 24. Walden House. No standard drugs after 1st year, toxic. Chinese medicines.
18	F	W	4		1. $ > Chinese medicines.	A. 22. Walden House. Chi. medicines reduced fatigue.
19	M	B	2		1. $ > Chinese medicines. 2. Affordable housing	+ AIDS (< year). AZT toxic.
20	M	W		✓	1. $ > AT, herbs, massage. 2. Housing in safe, decent areas. 3. More $ > detox for HIV+ persons. 4. College, voc. opportunities; Job training, career info.; tuition assistance 5. Psychiatric counseling 6. Emotional support (relax, cope) 7. Clothing 8. Drop-in center (*)	A. 25. Walden House. Recovery. *AT*, herbs, massage stabilized. *Also submitted written Testimony* *Written submission .* (*) *"A facility set up as a self help center with support groups and psychiatrists. A sort of drop in center with all of the latest information to better our lives as a whole."*
21	M	B	8	✓	1. Focus on prevention et high school level. 2. Sex ed., esp. correct condom use.	A. 30. Walden House recovery. Greet turn-eround.
22	M	W	10	✓	1. More prevention education. 2. More psycho-social follow-up. 3. L-T drug & alc. residential Tx 4. Childcare for women in Tx.	Not enough services beyond beds end elementery education ("Rubbers 101"). . *He gave oral testimony #23.*
23	M	W	3	✓	1. Safe housing, away from drug sales. 2. Medical benefits. 3. Housing (Sec 8) for HIVs (not yet AIDS). *Safe* 4. Counseling on HIV (more) 5. Better benefits for Asymptomatics 6. Financial aid 7. Safe sex workshops 8. Education, Job training	A. 41. Walden House.
24	M	W	5+	✓	1. More IDU long-term recovery programs.	Walden House client. Only SF long-term recovery program. HIV diagnosed while *incarcerated.* Takes *AT* meds, not Western.
25	M	W	8.5		1. More $ > *AT*. 2. Orient M.D.s in *AT*. 3. Voucher system for *AT*. 4. Fund his Chi movement clinics.	+ AIDS. A.52. *AT* made him long-term survivor. Must work to pay for acupuncture, yet 1 mo AZT costs same as 1 year *AT*. Catholic Charities used voucher system in past (Nelson: source of private funding ended). Gives large-scale Chinese movement clinic gratis

1. Oral Testimony at the Public Hearing (*9-22-1994)*

ID	Sex	Eth.	Yrs. HIV	IDU	Main Needs	Other
						to HIV+ persons. MDs refer, but don't fund. *Submitted Statement.*
26	M	B	10		1. More $ > AIDS.	
27	M	W			1. More $ > *AT.* 2. $ for herbs.	On ACTCM advisory committee. Dedicated staff, great support.
28	M	W			1. More $ > *AT.*	IEP client. *AT* stabilized him. Problems when stopped. Also helped MH problems.
29	M	W			1. More $ > *AT.*	HIV-related brain surgery. IEP's *AT* restored appetite, ended pain.
31	M	W	6		1. More $ > *AT.*	Western medicines had temble or no effect. Acupuncture and Chi. medicines abated problems. Insurance only pays for a few sessions. Six months wait for service.
34	M	W	8		1. More $ > *AT.* 2. 24-hour transportation. 3. Reduced wait at emergency rooms. 4. Services for non-IUD Af. Am. women.	MD warned him from beg. re Western medicines, referred him > *AT.* Volunteer advocate. Extensive work in Tenderloin. No timely emergency pickups. Long waits at SFGH emergency (up to 14 hrs.).
35	M	W	10		1. More $ > *AT.*	A. 54. Works at St. Francis Hospital, where drugs are cheap, but pays for uncovered *AT.*
36	M	W			1. More $ > *AT.*	IEP client. *AT* restored energy in 6 mos., ended all problems that Kaiser couldn't resolve.
37	M	W	8		1. Housing in safe areas. 2. Restore $ > Shanti/Crossings. 3. More $ to in-home support services.	Tenderloin resident. Many HIV there, bec it's cheap. Many volunteers use own funds. Clients afraid to leave houses.
38	M	W	7		1. More $ > holistic medicine. 2. Create AIDS Nutrition Bank, to provide vitamins,herbs. 3. Better educational outreach. 4. Financial support.	AIDS since '87. Recently lost business. Now needs public funds.
39	M	W			1. More $ > *AT.* 2. $ > massage. 3. Tighter control of dental services.	With *AT* maintains good health. CARE dental and MH services important.
40	M	H	9		1. More $ > *AT.* Use voucher system. 2. Fund vitamins and supplements.	A. 56. 1989 MD made him stop working. Balances Western and Eastern medicine. ADEP was tremendous improvement. Extend same accessibility to *AT.* Use Cath Charities voucher system. *Submitted Statement.*
42	M	W	7		1. More $ > *AT.* 2. $ > herbs, meditation, exercise.	*AT* waitlists demonstrate need.
43	M	W		✓	1. End discrim. of AIDS services vs IDUs 2. Housing for IDUs.	
44	M	W	9		1. More $ > *AT.*	IEP & AT conferences volunteer. Familiar with *AT* before diagnosis, continued. Good health. IEP staff dedicated, efficient.
45	M	H	<1		1. Public insensitivity to HIV/AIDS. 2. Clinicians too peremptory.	Has family.
46	M					Left before turn.
47	M	W	>10		1. More $ > *AT.* 2. $ > Chinese medicines. 3. Housing. 4. $ > vitamins and supplements.	A. 30. HIV since late teens. IEP client. Avoids toxic drugs. Uses *AT.* Status went from AIDS to ARC. T cells rising. Active in own care. Works illegally to afford Chi. medicines.
49	M	W			1. Rent subsidies. 2. Home attendants full-time in hotels. 3. More transportation support. 4. More money managment. 5. Benefits counseling.	Still working. Pays $579/mo insurance. Need full-time home attendants in hotels. Evening and weekend hours for working people. Transportation support, to avoid missing appointments. Money management providers already have waitlists. Delays getting eligible funds.
50	M	W		✓	1. Better publicize, support adult day care. 2. More Housing subsidies. 3. More effective health education.	Didn't sign up to speak. Client of Continuum. Persons must more actively inspect available programs. Has interest been earned on unspent housing funds. Lost apartment in avenues bec of lack of subsidy.

2. Written Testimony (*Public Hearing -- 9/22/94*)

I.D.	Sex	Main Needs	Other
A.	F	1. More research of female-specific issues. 2. *AT*, esp massage. (*) 3. Cultural sensitivity -- Women specific issues 4. More female clinics. 5. More childcare. 6. Primary Medical Care for uninsured	All 3 SF female clinics not universally accessible. Her letter was conveyed by No. 13. (*) one year on acupuncture waitlist. Still waiting.
B.	M	1. Safe Housing 2. Buddy (Compassion) 3. Home Health (Hygienic) Food (Safe food)	
C.	M	1. Housing 2. Work 3. Hospice 4. Culturally sensitive POC services	
D.	?	1. Housing for Heterosexuals 2. Education for Heterosexuals 3. Job training 4. Therapy for Heterosexuals (MH)	*"Heterosexual."* .
E.	M	1. Housing 2. Food 3. Health care	
F.		1. Housing 2. Education 3. Better benefits for Asymptomatics	
G.		1. Better benefits for Asymptomatics 2. Emotional support 3. Therapy 4. Housing/ Subsidies 5. Needle exchange 6. Only fund Residential Drug Tx w/ strong focus on HIV 7. More site visits to Res. Drug Tx(*)	(*) Salvation Army, Western Addition, Tom Smith, Redwood Center.
H.	M	1. Nutrition information 2. Food (weight gain products) 3. Exercise & fitness programs 4. Recreational 5. Volunteer participation in planning and programs.	
I.	F	1. More Residential Detox (*) 2. More Housing 3. Support services in subsidized Housing (Sub abuse, etc.)	(*) 17 mos. on waitlists.
J.	M	1. Client Advocacy (Benefits counseling.) 2. Housing 3. *AT* 4. Simplify application process 5. Use Residential Detox Tx formats for housing for clients in recovery	
K.	M	1. Housing (affordable, safe). *vs Hotels(*)* 2. Job placement/ training (**) 3. Client Advocacy (Benefits counseling before poverty). 4. Preventive Medical Tx 5. *AT* 6. Mental Health services 7. Emotional support	*Latino.* . (*) roommate/ sub-let service, geared to people on fixed income. (**) *"Grass root organizing with local companies for job placement, job-sharing programs to supplement or replace government assistance. Recruit employers to implement services from the target groups who need help.*
L.	M	1. Medi-Cal reimburse *AT* 2. Housing 3. Public information on epidemic and services	
M.		1. Housing (safe, affordable) 2. More funding for clinical, less for clerical	
N.	F	1. *AT*	*Latino*

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3. Statistical Analysis of Information Presented/ Submitted *(Public Hearing 9-22-94)*

Seq	Service Gap	Clients	Total Clients	% of Clients	% in 1993	Seq.
1	Alternative Therapies	1, 2, 3, 4, 5, 6, 10, 13, 14, 15, 17, 18, 19, 20, 25, 27, 28, 29, 31, 34, 35, 36, 38, 39, 40, 42, 44, 47, A, J, K, L, N	34	61%	25%	4
2	Housing	19, 20, 22, 23, 37, 43, 47, 49, 50, B, C, D, E, F, G, I, J, K, L, M	20	36%	63%	2
3	Counseling (1)	3, 8, 10, 15, 20, D, G, K	8	14%	25%	6
4	Cultural Sensitivity	8, 12, 16, 34, 43, A, C, D	8	14%	38%	3
5	Education (Prevention)	16, 21, 22, 38, 50, D, E, H	8	14%	13%	10
6	Vitamins, Herbs	1, 5, 27, 40, 42, 47, H	7	13%	0%	35
7	Emotional (Buddy/ Peer)	20, 22, B, G, K	5	9%	0%	20
8	Jobs, Tuition	20, 22, C, D, K	5	9%	0%	26
9	Medical Care	22, 34, A, E, K	5	9%	25%	8
10	Home Support Services	37, 49, B, I	4	7%	0%	23
11	Program Oversight	3, 10, 39, G	4	7%	0%	31
12	Treatment, Residential (SA)	20, 22, 24, I	4	7%	0%	34
13	Activities, Day Treatment	37, 50, H	3	5%	0%	16
14	Benefits Counseling	49, J, K	3	5%	25%	5
15	General, for Asymptomatic	22, E, G	3	5%	25%	7
16	*Other* (2)	20, 38, H	3	5%	0%	30
17	Childcare	22, A	2	4%	0%	17
18	Financial Support	22, 38	2	4%	0%	21
19	Food	B, E	2	4%	0%	22
20	Jail Services	6, 7,	2	4%	0%	25
21	Public Education	45, L	2	4%	0%	32
22	Access to Services - Simplify	J	1	2%	0%	15
23	Clothing	20	1	2%	0%	18
24	Education (for Positives)	22	1	2%	0%	19
25	Hospice	C	1	2%	0%	24
26	Money Management	49	1	2%	0%	27
27	Needle Exchange	G	1	2%	0%	28
28	Night, Weekend Services	15	1	2%	0%	29
29	Transportation	34	1	2%	0%	33
30	Outreach	*(None)*	0	0%	13%	14
31	Home Medical Visit	*(None)*	0	0%	13%	13
32	General, for Youth	*(None)*	0	0%	13%	12
33	Followup	*(None)*	0	0%	13%	11
34	Medication	*(None)*	0	0%	25%	9
35	Case Management	*(None)*	0	0%	63%	1

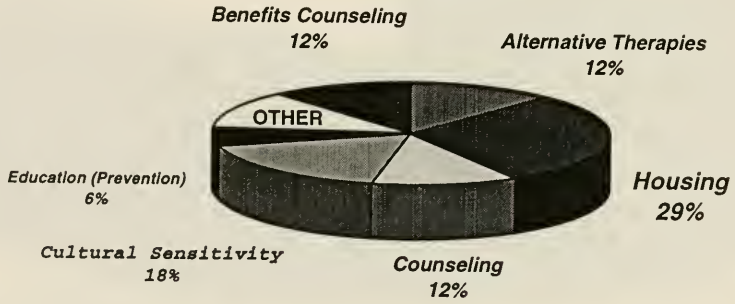
NOTES: (1) "Mental Health", "Psychiatric"; [2] AIDS Nutrition Bank;
(2) AIDS Nutrition Bank; Volunteers in planning and programs

41 clients made oral statements *(compared to 8 in 1993).* 14 other clients submitted submitted Written Testimony. The above analysis is based on 56 statements.

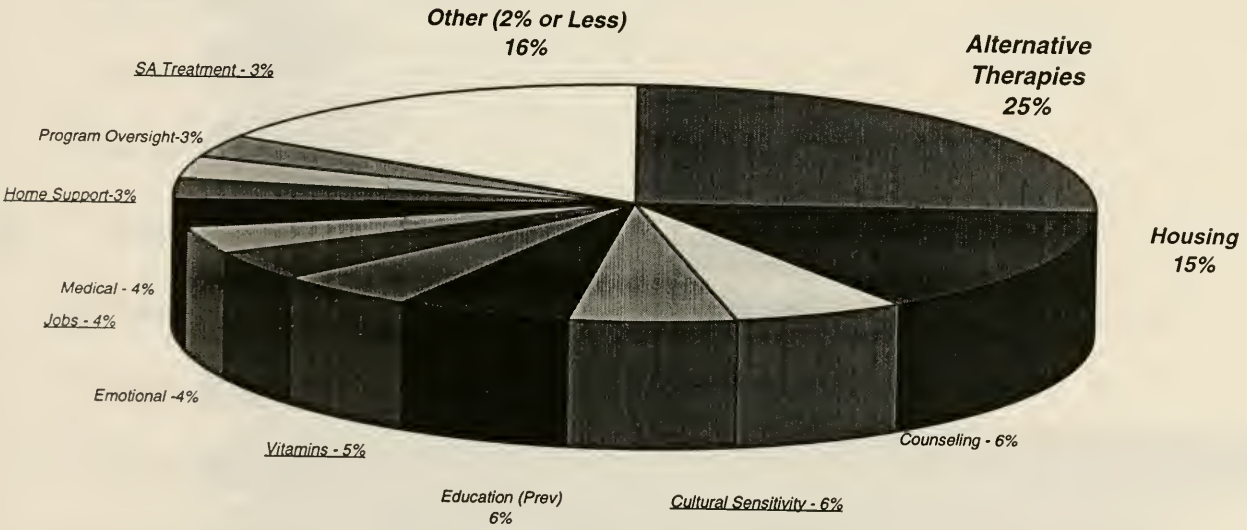
Breakdown of the 42 clients making oral statements:

Female: 5%
Person of Color: 24%*
Av. Years HIV Status: 5.84 years

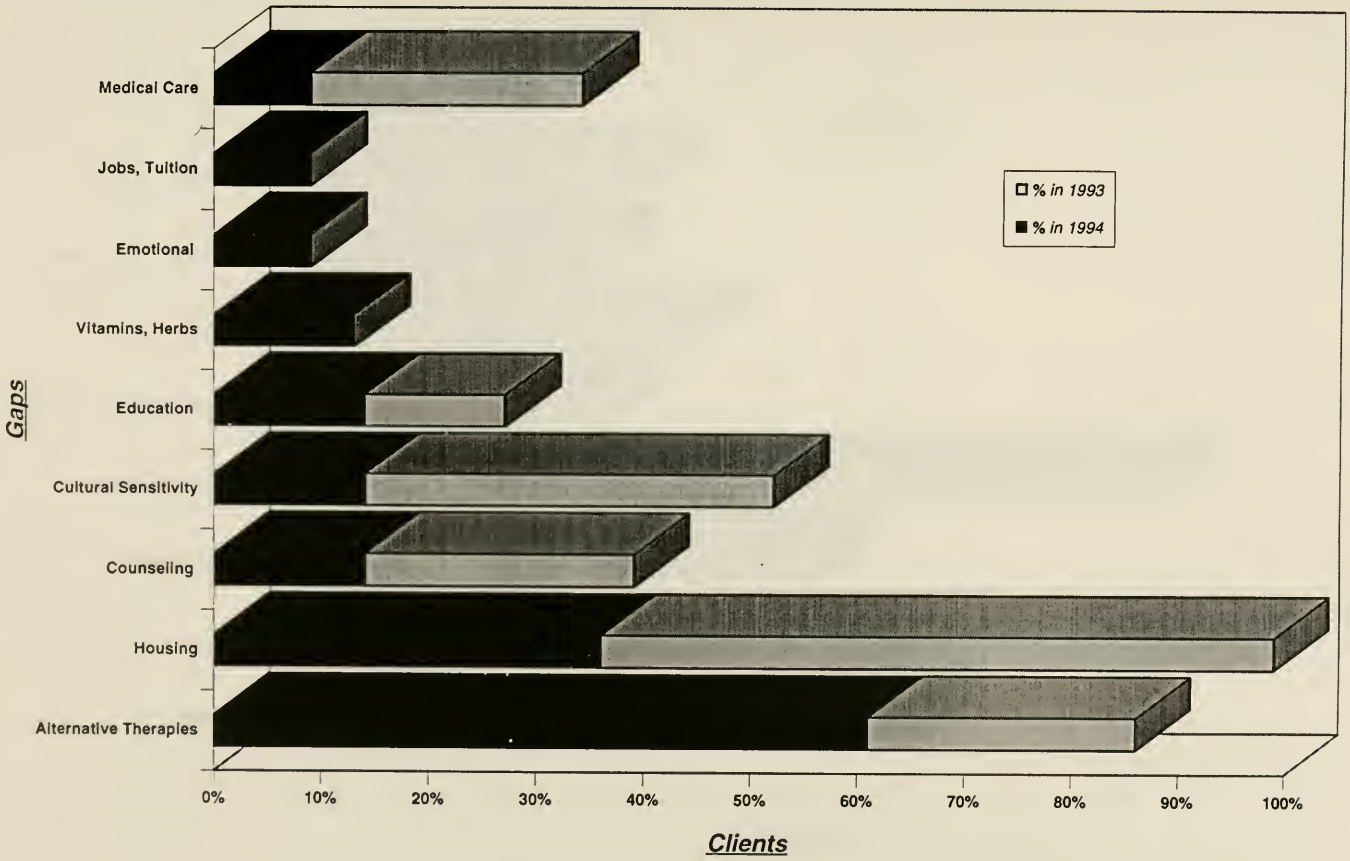
GAPS IDENTIFIED IN 1993



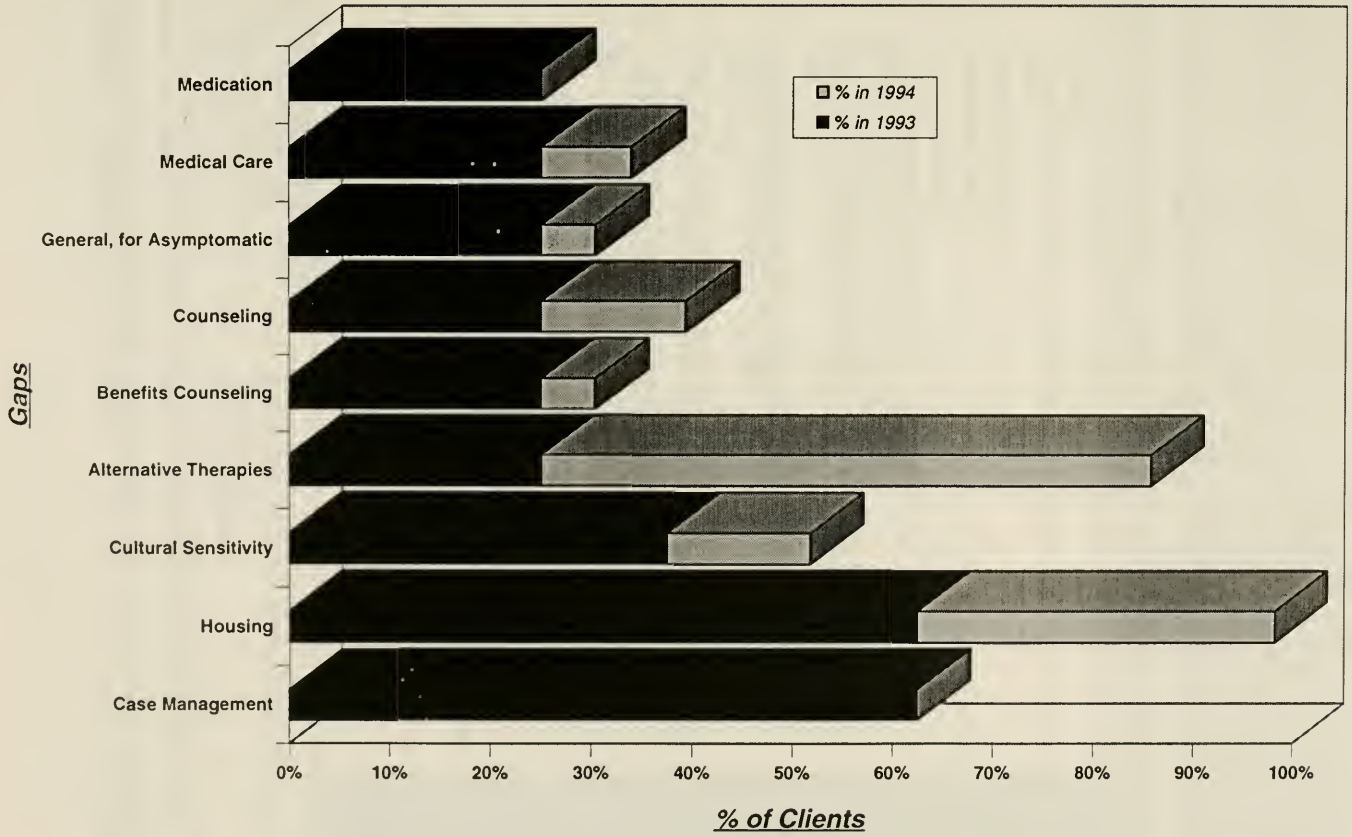
GAPS IDENTIFIED IN 1994



Major 1994 Gaps Compared with 1993



Major 1993 Gaps Compared with 1994



HIV Health Services Planning Council

September 26, 1994

4:30 PM to 8:05 PM
25 Van Ness Avenue, Third Floor

Agenda topics

4:30-4:35 **1. Roll Call**

4:35-4:40 **2. Review and Approval of Minutes of September 12, 1994, Meeting and September 26, 1994 Agenda.**

4:40-4:50 **3. General Announcements**

4:50-5:00 **4. Chairpersons' Reports**

5:00-5:10 **5. Subcommittee Reports**

5:10-5:30 **6. Review of 1994 Needs Assessment.** As requested by Council Members, Dr. Katz will review the additional analysis undertaken with the 1994 Needs Assessment data.

5:30-5:45 **7. Review and Adoption of Final Goals for HIV Services Plan.** Review of any suggestions to change the goals made by HIV service providers at the Health Services Advisory Committee. Adoption (vote) of final goals for Comprehensive HIV Services Plan, which must accompany the Fiscal year 1995 CARE* Supplemental application for funding.

5:45-6:05 **8. Review of the Status of the Comprehensive Plan for HIV Services.** The Long Range Planning Subcommittee and the Support Center will present an outline of the components of the Comprehensive Plan for HIV services in the San Francisco EMA*. They will explain the process and timeline for the completion of the Comprehensive Plan.

6:05-6:35 **9. Consideration of American Indian AIDS Institute Request.** Consideration of whether to calendar the American Indian AIDS Institute's request to reconsider the Council's action of May 23, 1994. **POSSIBLE VOTE.**

6:35-7:05 **10. Update on HOPWA* Rental Assistance Program.** Ms. Drickersen Cortez of the SFRA* will present (1) an update on the HOPWA* tenant-based rental subsidy program, in regard to how housing assistance and case management will be provided to clients. (2) In addition, she will review when any HOPWA* supportive service programs will switch to CARE* funding. (3) She will also discuss submission of the 1995 Consolidated Plan to HUD*. **POSSIBLE VOTE.**

7:05-7:25 **11. Presentation on the Status of 1994 Contracts.** Review of the processing of 1994 contracts, and how providers and the AIDS Office can expedite the process.

7:25-7:40 **12. Residential Hospice Facilities.** Service providers will report on areas of cooperation between hospice service providers, current waitlists, and projected needs for residential hospice facilities. The presentation will include the Maitri AIDS Hospice, Coming Home Hospice, and the Zen Hospice Project.

7:40-7:45 **13. Review of the Public Hearing for Clients.** Review of the findings of the Council's September 22, 1994, public hearing specifically for clients of HIV services.

7:45-7:55 **14. Epidemiological Trends.** Presentation on Fiscal Year 1994–1995 data. The epidemiology of HIV/AIDS in San Francisco, and probable trends.

7:55-8:05 **15. Public Comment**

8:05-PM **16. Adjournment**

Glossary:

CARE*	The Federal Comprehensive AIDS Resources Emergency, or Ryan White Act, the major source for funding AIDS services.
EMA	Eligible Metropolitan Area: an urban area eligible to receive CARE* Title I funds. The "San Francisco EMA" consists of the counties of San Francisco, Marin and San Mateo.
HUD	Federal Department of Housing and Urban Development.
HOPWA	Housing Opportunities for Persons with AIDS, a Federal program to assist in funding housing programs for HIV/AIDS clients.
SFHA	San Francisco Housing Authority
SFRA	San Francisco Redevelopment Agency.

Next Meetings: September 22 (Public Hearing at 101 Grove Street), September 26, and October 17, 1994

The Council meets on the second and fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items. Minutes of meetings and all information distributed to the Council Members, are available for inspection and copying. For further information, call the Council's Staff, 554-9540. *Minutes of Meetings are tentative until formally approved by the Council.* *dsp/hivcouncil/sep0926.doc*

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HIV HEALTH SERVICES PLANNING COUNCIL
Minutes of Meeting
September 26, 1994

1. Roll Call

2. Review and Approval of Minutes and Agenda

The Minutes of the September 12 meeting and the September 26 Agenda were approved, with two changes. *Mr. Geaga* attended the September 12 meeting. The Members unanimously approved making the "Public Comment" agenda item the first item on this meeting's agenda.

3. General Announcements

1. New Members Linford Gale, Bill Hershon, and Danny Joe, were introduced and took their seats
2. *Mr. Roger* asked the Members and the community to contact Nancy Pelosi and other members of the House of Representatives regarding the reauthorization of the CARE* Act.
3. *Mr. Sasser* requested a leave of absence for several months.
4. Elliot Ramos submitted a written resignation from the Planning Council.
5. The Members were asked to contact Governor Wilson regarding AB 2610, which legalizes needle exchange programs.

4. Chairpersons' Reports

There were no chairpersons' reports.

5. Subcommittee Reports

(See Item 7, "Review and Adoption of Final Goals.")

6. Review of 1994 Needs Assessment

Dr. Katz discussed the written response to questions raised at the Council meeting on August 22. He explained that "reported need" is subjective and difficult to quantify. In response to questions regarding Homeless individuals, he stated that this population does need more assistance to find housing than do other groups, but their statistics or a definition of this status (within the context of this needs assessment) are nonexistent. Further, some respondents who indicated a need for housing were persons who have housing, but are dissatisfied. He also stated that generally, youth had the most unmet needs.

Mr. Morewitz: The Needs Assessment information gathered from San Mateo and Marin sites was segregated from the main body of information and sent to those counties with any pertinent written comments from respondents regarding specific services in each county.

7. Adoption of Final Goals for HIV Services Plan

Mr. Haskell reviewed the process for determining the Council's final goals for the HIV Services Plan. The Health Services Advisory Committee has studied the draft of the goals and made recommendations. The Members received a copy of their proposal, merged with the revisions accepted at the Council's September 12 meeting (*Draft Goal Statements for Inclusion in the Comprehensive Plan for HIV*

Services). The part describing targeted populations should be considered a system-wide goal, applicable to all goals within the plan.

Ms. Christen: Remove the phrase "undocumented persons" from System-wide Goal #b, to avoid any misunderstanding with HRSA*. Combining goals #a and #b would implicitly cover this target population. *Dr. Copello*: Change goal #h, to read "managed care systems being developed in *the* San Francisco *EMA*." *Ms. Dorr:* Retain goal #b separately, even without the reference to the undocumented.

Ms. Christen commended Mr. Haskell's efforts in facilitating this project. The Members unanimously voiced approval of the motion to continue this item to the meeting of October 17, 1994, and to vote on its adoption at that time.

Action Items: ✓Include Item #7 in the meeting of October 17, 1994.
✓ Forward all comments and suggestions about the Final Goals statement to Ms. Dorr.

8. Status of the Comprehensive Plan for HIV Ser vices

Mr.Sasser distributed the *Draft Outline for a Comprehensive HIV Services Plan* (9/26/94). How can we inventory all publicly- and privately-financed resources in the EMA* (section A.3)? *Ms. Christen:* Does this include third-party payers, but exclude private donations? *Ms. Dorr*: The only source for this information would be the budget pages of other funders.

Ms. Christen: Should Section A.4 ("barriers to care...") include language or literacy barriers?

Mr. Sasser: Do Marin and San Mateo counties use "Native American" and "Alaskan natives" categories?

Ms. Christen: Should we always state when there is a limited number of service providers?

Mr. Haskell: The Council will review the final Plan (see the Calendar at the end of the document).

9. The American Indian AIDS Institute R equest

Dr. Katz: The American Indian AIDS Institute ("AIAI") asked the Council to reconsider its prior decision to withdraw funds that support AIAI health service programs. However, AIAI has had no contract with the AIDS Office. It received CARE* funds indirectly, as a subcontractor of the Bayview Hunter's Point Foundation ("BVHPF"). When AIAI closed for reorganization, the fired staff came to the AIDS Office and explored options for continuing their services. BVHPF decided not to continue as the fiscal agent. The AIDS Office informed the Planning Council of clients' complaints about AIAI, and interested parties testified. The Council's objectives were to minimize the interruption of effective services to clients in the American Indian community. The Council opted to transfer the relevant BVHPF contract to the National Task Force on AIDS Prevention ("NTFAP"), which opted to subcontract with the Native American AIDS Project ("NAAP"). NTFAP with the newly formed NAAP successfully bid for the 1994-95 contracts for the services in question.

Council Members invited public comment. *Patti Jo King*, a current AIAI case manager: The discharged AIAI employees had been unacceptable to the Native American community. No Council Members have visited AIAI to observe the current programs. The new staff, although still unsalaried, have increased productivity by 60%. She said Native Americans wish to run their own programs. *Mark Nash*, AIAI board chairperson: AIAI has documented the AIDS Office's distortion of the facts. Clearly, the AIDS Office feels that Native Americans cannot deal with death and dying, and must be managed by other persons of color. *Calvin Twoguns*: He has been an AIAI client for three years, and now volunteers his time. Services were better than ever. *Don Anderson*, of the Pomo nation: He has worked with the Native American community for a long time. Documents were stolen and lost. AIAI closed for one day, *not* a week, to set up for regular clients. The NAAP does not respect or adequately serve its clients. AIAI client *Russell Gourneau:* AIAI provides effective assistance. *Randy Burns:* AIAI is with the dying client, but NAAP is not. The Council received biased information. The former AIAI director had not spent the Dance-a-thon funds appropriately.

AIAI board secretary *Gena Martinez:* AIAI tried to get assistance and the time necessary to correct the situation. Because of the Council's decision, others have withheld funds. No organization abdicates power to outsiders, and the Native American community supports AIAI. *Carole Standing Elk:* Dr. Katz

continues to change his version of the story. How could the AIDS Office impose a receivership if there was no direct contractual relationship? No organization, regardless of ethnicity, should be treated with such little respect. Native Americans need AIAI's services. The community is family, and AIAI cares about them appropriately so. When they worked at AIAI, the current NAAP staff removed and hid information.

Ms. Christen: The Council cannot revisit this issue. The AIAI appeal may be heard without any effect on the funding of new contracts. Existing contracts cannot be affected. There does seem to be a need for AIAI staff and board members to have a formal time to be heard by this Council. *Mr.Lenoir:* There is nothing the Council can do at this time about AIAI funding. *Ms. Fraser* also opposed the motion because there is no more funding available. However, a future discussion with AIAI regarding this situation may be of benefit to all involved. *Mr. Windley:* Further discussion would be useless if funding cannot be restored. *Ms. Thomas:* Regardless of the possibility of funding, there should be time to discuss the issues.

A> The following motion was made, seconded, and passed[2]:

A presentation by American Indian AIDS Institute to the Planning Council shall be scheduled as soon as possible.

Mr. Roger: Any information submitted should be non-rhetorical and unemotional. New Council Members should get previously distributed materials from Mr. Nickens.

Action Items: ✓The AIAI will make a presentation to the Council on October 17, 1994.
✓ Written materials to be presented to the Council, must be received by October 7.

10. Update on HOPWA Rental Assistance Pr ogram

Ms. Drickersen Cortez of the SFRA* reviewed the fiscal year 1994 allocation and expenditure plans for the Rental Assistance Program.

Ms. Chris Harris: SFHA* staff in the program will be trained in HIV/AIDS and cultural sensitivity issues. *Mr. Larry Pendergast* of SFHA*: SFHA* has worked with this population for a long time and defined AIDS as a disabling condition long before other housing authorities did so

Mr. Windley: Historically SFHA* has not been sensitive to many cultural issues. When clients have a problem with SFHA*, what will be their recourse? Does the program oversight committee have members with HIV/ AIDS? *Ms. Drickersen-Cortez:* SFHA* will solicit clients and providers to nominate members. There will also be a grievance procedure built into this program.

Ms. Harris discussed access to supported housing, especially the issues of preeligibility before waitlist placement, and outreach to landlords. Main concerns are: (1) sufficient staff to confirm client eligibility, so that rental subsidies are utilized as soon as possible; (2) funding special needs that arise after community housing is located; and (3) effective collaboration between all the program's components. $370,000 is needed for service delivery. The program will need up to ten new positions in order to track the progress of housing applications and provide case managers for clients who have none.

Ms. Barbara Garcia: Will money management be included in the RFP?

Mr. Lenoir: At their meeting with the Planning Council task force, SFRA* related seriously to our concerns. They are to be commended. The Council should monitor the program closely during the first three months. *Ms. Drickersen Cortez* distributed an outline of the startup of the program (*Client Access to HOPWA Tenant Based Rental Subsidies).* Inevitably, new needs will become apparent. CHIPS should be used. Plans currently include open enrollment. Assigned housing advocates will conduct preeligibility and assist clients.

Mr. Nelson congratulated the SFRA* and the AIDS Office for their work on the program. The program should be evaluated after its first quarter.

Ms. Drickersen Cortez explained the HUD*-required 1995 Comprehensive Plan. Public hearings will be held in October and November, and the plan will be sent to Washington on December 15. SFRA* requests the Planning Council to vote on the Comprehensive Plan at its meeting of October 17, 1994.

SFRA* anticipates surplus funds for supportive services. Next May, $31,500 will roll over from 1992 funds provided to Ferguson House. $311,000 from 1993 funding will come from Dolores Street Community Center, which opens in December. $50,008 will remain from Hospice by the Bay, which opens in December. $85,000 from Bemal Heights Housing will be available in 1995.

11. The Status of 1994 Contracts

Mr. Nickens discussed the subject of making more comprehensive CARE* contracts with Public Health and private providers. The primary goals are to identify and eliminate all barriers to care, and unify each type of service. Some changes can be made within the AIDS Office structure. However, other changes to City procedure may require a Charter change and will take more time.

Mr. Leung distributed *Report on Contract Development & Payment Processing* (9/20/94), and explained how contracts are processed and what were the causes of delay in final approval. Although CARE* contracts are to be expedited because of the emergency nature of their funding, and the AIDS Office has tried to make the process more cohesive and consistent by combining contracts with the same timeline, only a small amount of contracts have been processed in a timely manner. Common themes in this year's contracting process have been an absence of contractor insurance paperwork submission to the AIDS Office, and the amount of City employees who must review and sign a contract before it is certified.

Action items: ✓Mr. Nickens will relay to the Council the views of the Contractors' Association on the problems of contracting, and how to correct them.

12. Residential Hospice Facilities

Mr. Hurd and Ms. Murphy of Visiting Nurses & Hospice (VN&H) discussed the new, standardized application form, that will facilitate client access to services. There are 21 hospice beds for persons with AIDS [and 16 hospice beds at Laguna Honda Hospital.] Matri plans to expand its beds to 15. It wishes to acquire the old VN&H building at Church/Duboce, which could be licensed quickly and would provide comfortable accommodations.

Dr. Katz requested information on all existing waitlists for hospice services. Laguna Honda's beds are on an open ward, and the privacy and quality of life issues are complex. It is a creditable service, and the Hospital has been asked to inform the public more vigorously of its availability and excellence.

Ms. Murphy: The Council should advocate for home care as part of hospice services; and compare the cost of residential hospice versus hospital care. 300 AIDS clients receive home hospice care. 240 of them are private residents. Many more receive an inadequate level of care. Home services are not cheaper than 24-hour care.

Ms. B. Garcia: There are insufficient hospice beds, and the clients are in no position to advocate for them. *Mr. Molaghan:* Hospice and Home Care should be segregated when setting 1995 priorities.

13. Findings of the Public Hearing for Clients

Ms. Thomas: There was an overwhelming prevalence of clients of alternative care providers. The Council should be aware of these services when setting priorities. *Mr. Geaga:* A community consumer board could better elicit public reaction to services. *Ms. Thomas*: The Council should serve as the community board and hold more frequent, smaller hearings, rather than one large one. *Mr. Nelson:* Schedule "Public Comment" for the start of the meeting, to encourage greater participation.

14. Epidemiological Trends

This item was carried over to the meeting of October 17, 1994.

15. Public Comment

See Items 2 and 9, above.

Adjournment: 8:30-PM

NOTES

1 - ROLL CALL A = Absent E = Excused Absence

Estela Garcia *(Chair)*	E	Linford Gale	✓	Danny Joe	✓	Janet Nassar	✓	Rudy Servin	✓
Norm Nickens *(Chair)*	✓	Barbara Garcia	✓	Susan Karp	✓	Bob Nelson	✓	Mike Shriver	A
Steve Burns	E	Jaime Geaga	✓	Jon Henry Kouba	✓	Carmen Portillo	✓	Laura Thomas	✓
Pat Christen	✓	John Gressman	E	Steve Lew	E	Elliot S. Ramos	A	Rita Times	E
Gene Copello	✓	Chris Hall	E	Gerald Lenoir	✓	Steve Roger	✓	Jerry Windley	✓
Mariam Farooq	A	Lester D. Hanson	A	Gifford S. Leoung	A	Geoffrey Sackett	✓	Mary Jane Wood	E
Marcy A. Fraser	✓	Bill Hershon	✓	J.B. Molaghan	A	Sean Sasser	✓		

STAFF PRESENT: Valerie Dorr, Chris Harris, Bill Haskell, Galen Leung, Mitch Katz, MD, Mark Morowitz

2. Vote on Motion (A). *(14--3)* N = Not voting. = Vote against.

Norm Nickens *(Chair)*	N	Linford Gale	N	Danny Joe	✓	Janet Nassar	✓	Geoffrey Sackett	✓
Pat Christen	✓	Barbara Garcia	✓	Susan Karp	✓	Bob Nelson	N	Sean Sasser	✓
Gene Copello	✓	Jaime Geaga	✓	Jon Henry Kouba	✓	Carmen Portillo	✓	Rudy Servin	N
Marcy A. Fraser	✓	Bill Hershon		Gerald Lenoir		Steve Roger	✓	Laura Thomas	✓
								Jerry Windley	

Glossary:

CARE* The Federal *C*omprehensive *A*IDS *R*esources *E*mergency, or Ryan White Act, the major source for funding AIDS services.
EMA *E*ligible *M*etropolitan *A*rea: an urban area eligible to receive CARE* Title I funds. The "San Francisco EMA" consists of the counties of San Francisco, Marin and San Mateo.
HOPWA *H*ousing *O*pportunities for *P*ersons with *A*IDS, a Federal program to assist in funding housing programs for HIV/AIDS clients.
HRSA* *H*ealth *R*esources and *S*ervices *A*dministration, the Federal agency administering CARE* programs.
HUD The (Federal) Department of *H*ousing and *U*rban *D*eveloent, that administers HOPWA funds.
SFHA *S*an *F*rancisco *H*ousing *A*uthority
SFRA *S*an *F*rancisco *R*edeveloent *A*gency

NEXT MEETINGS: OCTOBER 17 & OCTOBER 24, 1994

The Council meets on the second and fourth Mondays of each month, at the place and time noted above. All are welcome ar have the opportunity to comment on Agenda items. Minutes of meetings and all information distributed to the Counc Members, are available for inspection and copying. For further information, call the Council's Staff, 554-9549.

Minutes of Meetings are tentative until formally approved by the Council.

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Agenda

HIV Health Services Planning Council

October 17, 1994

4:00 PM
25 Van Ness Av
3rd Floor

4:00-PM	1. Roll Call	
4:05-PM	2. Review and Approval of Minutes of September 26, 1994, and the Agenda of October 17, 1994.	
4:10-PM	3. General Announcements	
4:20-PM	4. Public Comment	
4:35-PM	5. Chairpersons' Reports	Estela Garcia, Norm Nickens
4:45-PM	6. Subcommittee Reports	
4:55-PM	7. Special Funding for CHIPS Intake Sites. Vote on the allocation of $6,727 for four computers. Source: CARE* one-time special projects funds.	Valerie Dorr
5:05-PM	8. Presentation of HOPWA* Portion of 1995 Consolidated Housing Plan. Due to HUD* on December 15.	Deborah Drickersen Cortez
5:25-PM	9. American Indian AIDS Institute. Presentation by the agency on the narrative of recent events, and suggestions for future relations.	AIAI
6:25-PM	10. Review and Adoption of Final Goals for HIV Services Plan. Vote on the final goals for the Comprehensive HIV Services Plan, to accompany the application for 1995 CARE* supplemental funding.	Valerie Dorr, Gary Levinson
6:45-PM	11. Epidemiological Trends. Carried over from the September 26, 1994 meeting.	George Lemp
7:30-PM	12. Adjournment	

Attachments:
(1) Memo: Mitch Katz, MD to Planning Council: *Recommendation to Allocate Special Funding... to CHIPS* (9/30/94).
(2) Marin AIDS Advisory Board, **1994 Marin HIV Action Plan.**
(3) Brand/ Planning Council, *Study of Statements at September 22, 1994 Public Hearing* (10/4/94).

Glossary:

CARE	The Federal *C*omprehensive *A*IDS *R*esources *E*mergency, or Ryan White Act, the major source for funding AIDS services.
HUD	Federal Department of *H*ousing and *U*rban *D*evelopment.
HOPWA	*H*ousing *O*pportunities for *P*ersons with *A*IDS, a Federal program to assist in funding housing programs for HIV/AIDS clients.

Next Meetings: October 17 and 24, 1994

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To: HIV Health Services Planning Council
From: Mitch Katz, M.D.
Date: September 30, 1994

Subject: **Recommendation To Allocate Special Project Funding For Four Computers To Support CHIPS De-Centralized Intake Sites**

Action:

Allocate $6,727 in Federal Ryan White CARE Funds from the One-Time Special Projects Fund to Department of Public Health's AIDS Office for the Purchase of Four Computers For CHIPS Intake Sites;

Background:

In July of 1994, the AIDS Office entered into a contract with Independent Housing Services (IHS) to develop and implement the Centralized Housing Information and Placement Services system for persons with HIV/AIDS. Awarded through a competitive bidding process, this contract in the amount of $150,000 provides staffing and equipment for Independent Housing Services only.
(These funds had formally been allocated to Shanti Project for the HIV Housing Network.)

The concept for the RFP was to provide service providers with a tool that would actually help them to streamline their housing information, waitlist and placement system by developing an on-line housing resources database and a centralized wait list system. The goal was to significantly reduce both client and staff hours dedicated to housing referrals, duplicate intakes, and follow-up and tracking.

Impact:

In the implementation of the de-centralized intake sites we have hit an obstacle. Agencies do not have an existing computer terminal that they can dedicate to this purpose. We are requesting the funds to provide agencies with the required hardware and software to operate the CHIPS system.

The AIDS Office has explored the options of: a.) requesting that agencies dedicate existing terminals for this purpose; and b.) relying on agencies or the AIDS Office to secure donated equipment; as alternatives to purchasing new equipment for CHIPS. However, the majority of service provider agencies have very limited computer access and capacity, especially in the area of client intakes. Finally, due to the sensitive nature of the information that the CHIPS system will be tracking, and the volume of the data, the system will require that intake sites have fully operational and reliable equipment available.

The endorsement of this request will greatly reduce the complexity of expediently bringing on-line the CHIPS system. The successful implementation of CHIPS is critical to meeting the goals of the Five Year HIV/AIDS Housing Plan identifying housing service system gaps, and ensuring that we have the required data (unduplicated client counts, client housing preferences, client profiles, family compositions, client service needs, etc.) to conduct long range planning.

All computer hardware and software purchases would be made by the Department of Public Health's AIDS Office. Purchased equipment would belong to the City and County of San Francisco. If an agency decides not to serve as an intake site, the terminals will be returned and provided to an alternative site.

HARDWARE SPECIFICATIONS

Quantity	Product
4	**AST Bravo LC 4/33SX model 173W** 33MHz 80486SX processor 8k cache with support for 256k cache option .4mb RAM expandable to 64mb 1.44mb floppy drive 170mb hard drive Local Bus SVGA with 1mb video RAM 3 16-bit ISA slots & 1 VESA local bus slot 5 drive bays DOS/Windows/Mouse
4	**Mitsuibishi 14" - SVGA**

Sub-Total	**$6,200**
Tax	**$527**
Total	**$6,727**

Desktop Products pricing for CCSF

QTY	Description	Part Number	Unit Price	Extended Price
	Quotation for Candyce Collins, 9/29/94			
	AST Bravo LC 486/33SX model 173W			
4	AST Bravo 4/33SX 173W *33MHz 80486SX processor* *8k cache with support for 256k cache option* *4mb RAM, expandable to 64mb* *1.44mb floppy drive* *170mb hard drive* *Local Bus SVGA with 1mb video RAM* *3 16-bit ISA slots & 1 VESA local bus slot* *5 drive bays* *DOS/Windows/Mouse*	501378-005	$1,190	$4,760
4	Mitsubishi 14" - SVGA	SD4311C	$360	$1,440
	Sub-Total			$6,200.00
	Sales Tax			$527.00
	Total			$6,727.00

Additional comments:
Delivery included
Installation included
Terms are Net 30
Delivery = 10 days ARO (pending availability)

Steve McKenna
Authorized Signature

Candyce-

Peter Brantley asked me to direct this to you. Please call me with any and all questions.

Steve McKenna, Desktop Products
(510) 428-1035

HIV HEALTH SERVICES PLANNING COUNCIL

October 17, 1994

The Minutes of this meeting are missing.

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HIV HEALTH SERVICES PLANNING COUNCIL

October 24, 1994

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HIV Health Services Planning Council

Minutes of Meeting

October 24, 1994

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1. Roll Call[1]

2. Review and Approval of Minutes and Agenda

The Minutes of October 17 were approved with one modification: the absences of Mr. Burns and Mr. Kouba shall be marked as "excused" ("E"). The Agenda of October 24, 1994 was approved.

3. General Announcements

- A memorial service for Brandy Moore is scheduled for October 29.
- Members received a copy of the October 14 memorandum 94-2 ("Membership List of Year 05 HIV Comprehensive Care Working Group") from the Office of AIDS -- HIV Care Consortia* to all consortia contacts and fiscal agents.

4. Public Comment

Howard Moffett, Executive Director of the American College of Traditional Chinese Medicine, distributed his article, "Using Acupuncture and Herbs for the Treatment of HIV Infection: The American College of Traditional Chinese Medicine Experience" (*AIDS Patient Care,* August 1994).

5. Chairpersons' Reports

There were no reports.

6. Subcommittee Reports.

Ms. Thomas: The Long-Range Planning Subcommittee wants to focus more on contract reform and collaboration among providers. Until February 1995 its primary activity must be the comprehensive HIV plan required by HRSA*. *Mr. Hershon:* The Council should consider that 1995 CARE* funding might become level or even reduced if the next Congress is not as empathetic about supporting Ryan White programs. The number of CARE* clients will increase, and they will remain longer in the system. This means increased demand and reduced funds. Consolidation of programs is an issue that must be addressed. The challenge should be dealt with as quickly and comprehensively as possible. A task force of the Subcommittee should begin to review relevant information on services as soon as possible, and be able to suggest possible courses of action by February 1.

Mr. Nelson: The draft report of the Joint Task Force on the HIV Epidemic will come out this week. It strongly advocates consolidation of services. Members should study it carefully and propose all changes to Eileen Hanson before the cutoff date of December 1. *Mr. Lenoir:* Consolidation would adversely affect the delivery of services and hamper their efficiency. *Mr. Windley:* Consolidation is becoming a strong political issue in this election year. The Council must address the matter before it becomes subject to political decisions.

Ms. Fraser: The task force on consolidation of HIV services should be part of the Long-Range Planning Subcommittee. *Mr. Nickens:* Has the Subcommittee specifically discussed the need and approach? *Ms. Thomas:* There has been no formal discussion. The next Subcommittee meeting

is November 7. The focus would be only on San Francisco county. *Barbara Garcia:* Are we already overextended? Will this new effort spread us too thin? *Dr. Gurley:* All important issues should be addressed simultaneously. *Mr. Lew:* The effort will be manageable if the task force conducts its activity simultaneously with the Subcommittee's other work, and does not impede other, shorter range goals.

<A> *Mr. Hershon* made the following motion, which was seconded and passed.[2]

> That a Task force on Consolidation and Collaboration be formed under the umbrella of the Long-Range Planning Subcommittee, to investigate what possibilities exist to increase the amount of funds available for direct client services. The task force shall report its preliminary findings to the subcommittee in February.

The following Members agreed to serve on the task force: *Burns, Gressman, Hall, Hershon, Joe, Lenoir, Nelson, Times, Windley.*

7. Certification of Contracts and Initial Payments .

Gail McBride of the HIV Contractors Association discussed various issues regarding contract certification and payment. She distributed a memorandum (see *Attachment One*) and reviewed its contents. Members also received a copy of Dr. Katz's letter reviewing the Health Department's recent efforts to meet many of the concerns of the Contractors Association (see *Attachment Two*); and Galen Leung's memorandum reviewing the status of CARE* contract certification on September 20 and October 24 (see *Attachment Three*).

Ms. McBride requested that in the future the Planning Council formally monitor the AIDS Office's processing of CARE* contracts during the first 1.25 quarters of each CARE* Formula and Supplemental period. *Mr. Nickens:* The AIDS Office agrees that all contracting problems should be identified. First, the AIDS Office and the Contractors Association should work out a formula for such reporting. Should it be specific, naming each contractor, or should reporting be done generically, by numbers? The AIDS Office empathizes with the Association's concerns, and their material has been forwarded to Eileen Hansen, for incorporation into the draft report of the Joint Task Force on the HIV Epidemic. *Mr. Lew:* Maintain a systemic type of reporting, rather than specifying the contractors by name. *Mr. Leung:* Very intricate reporting might demand an unrealistic amount of staff time. *Mr. Burns:* Delay in certification or invoice payment can result in the extra expense to contractors of credit advances. How many members of the Association must dip into a line of credit in order to meet obligations? *Ms. McBride:* Approximately 60%. *Ms. Christen:* Can the AIDS Office come up with a more detailed analysis of impediments in the certification and payments processes? *Mr. Shriver:* If the Council opts for a type of reporting and analysis that is too intensive for the AIDS Office to support, the Council might bid out parts of CARE* contract administration, thus alleviating demands on its 5% administration fee.

<B> Ms. Christen made the following motion, which was seconded and passed:[3]

> (1) That the AIDS Office create a comprehensive report on all factors impeding the efficient certification of CARE* contracts and payment of invoices for services; and that the report be sent to all Members before the Council's meeting of November 14, 1994, when it is to be discussed; (2) that the Council and the San Francisco HIV Contractors Association form a joint task force to address San Francisco City Charter modifications that might be required to meet their mutual goals.

8. Presentation of Objectives for Comprehensive Plan.

The Members discussed the "Objectives" section of the Comprehensive Plan that will be presented to HRSA* along with the 1995 CARE* application. Dr. Gurley: These are based on all information at hand, including needs assessments, community input, and the *Voices of*

Experience study. These will be discussed in depth at the November 14 Council meeting, when Members will also determine prioritization of services and allocations. Members should independently determine these *before* the meeting.

9. Epidemiological Trends

Members received the report *Epidemiology of HIV/AIDS in San Francisco: Presentation to the HIV Health Services Planning Council on September 26, 1994* [San Francisco Department of Public Health, AIDS Office, Seroepidemiology & Surveillance Branch; (24 pp.)]. Dr. George Lemp, branch chief, explained the data presented in the report, and their significance. Most of the information is based on 1992 numbers, but more recent information indicates that there has been no substantial change. The HIV Prevention Council is developing an epidemiology profile, and the Planning Council should collaborate in the effort. The two councils should review recent consensus information and sponsor the preparation of a 1995 report. *Mr. Lenoir* made a motion to arrange for the co-chairs of the two councils to meet with AIDS Office staff to discuss a joint effort, which would begin in 1995. A second motion, to table Mr. Lenoir's motion, passed.

10. Implications of New HRSA* Policy and Procedural Changes on CARE* Services Programming.

Dr. Gurley explained HRSA*'s new formulae for calculating grant amounts and grant periods. Even if funding is not reduced, problems will result. The formulae focus on programs, and administration costs might not be adjusted appropriately. Will cost-of-living adjustments (COLAs) be taken into consideration? How is the Council to deal with system-wide projects that do not fall into any one service category? Is bidding out of certain administrative functions a real relief to an anticipated crunch in administration dollars, since this funding could only be derived from the amount allocated to services?

How HRSA will calculate the FY 1995 allocation. The bulk of the award will be based on *Calendar* Year 1994 actual expenditures. However, expenditures are based on allocations. This means that 33% of the Formula amount is the lower, *FY 1993* Formula award; and 50% of the Supplemental amount is the lower, *FY 1993* Supplemental amount.

Jan 94 through April 94	*May 94 through June 94*	*July 94 through December 94*
FY 1993 Formula +	FY 1994 Formula +	FY 1994 Formula
FY 1993 Supplemental +	FY 1993 Supplemental +	FY 1994 Supplemental

What the EMA* needs, and what it might get. Excluding the allocation for program administration, the actual and FY 1995 anticipated costs (9 months, at the 1994-1995 rate) are:

	FY 1994 CARE Funding	*Est. FY 1995 CARE* Costs (9-months basis)*
Formula	$18,100,000	$14,300,000
Supplemental	$19,100,000	$13,800,000
Total:	***$37,200,000***	***$28,100,000***

The FY 1995 CARE* Formula grant is anticipated to be proportionate to the FY 1994 grant. The problem will be securing sufficient Supplemental funds, as well as living within the new FY 1995 spending cutoff dates newly mandated by HRSA*.

Expenditure Cycles. Until now, we have operated with a 3-month offset between the beginning of the Federal grant budget period and the AIDS Office expenditure period. In FY 1995, however, HRSA* will not permit expenditure of funds after the end of the Federal cycle. The FY 1995 allocations will therefore cover 9 months of funding, to be expended wholly within the Federal cycle.

	Formula	Supplemental
Federal (HRSA) budget cycle*	*February 1 - January 31*	*April 4 - April 3*
San Francisco expenditure cycle	*May 1 - April 30*	*July 1 - June 30*

Administration. The HRSA* formula for FY 1995 allocations will result in a Formula amount for Administration that is equivalent to FY 1994. This will be insufficient to cover the City-approved cost of living and other benefit adjustments for existing staff, the reconfiguration of budgets requested by HRSA* (to comply with their new instructions defining Administrative activities), and existing operating expenses. If the EMA* receives the *minimum* FY 1995 Supplemental, there will be a considerable shortfall for Administration. The best guess is that the EMA* will receive somewhere between this amount and the FY 1994 Supplemental amount, but with a substantial shortfall nonetheless.

	FY 1994 CARE Funding (Adjusted to 9 months basis)	*Est. FY 1995 CARE* Costs (9-months basis)*
Formula	$ 953,000	$ 956,000
Supplemental	$1,800,000	$ 526,000
Total:	***$1,961,000***	***$1,482,000***

Maximizing the EMA*'s award. The basic Supplemental award will be based on the *difference* between the amount of actual Calendar Year 1994 EMA* expenditures and the amount already allocated to the EMA* through the 1995-1996 Formuula award. That is why it is crucial to spend out the amount actually available to the EMA* through December 31, 1994, *by that date.* The possibility of further increasing the FY 1995 Supplemental award depends on the EMA*'s success in obtaining funds from two additional Supplemental pots once all EMA Supplemental awards to cover the basic budget are determined. 75% of the *remaining* Supplemental funds will be awarded to EMA*s according to the normal *Formula* calculation. The other 25% will be awarded at HRSA*'s discretion.

The Members, AIDS Office staff, and the public discussed various possibilities for maximizing expenditures by December 31, 1994, to ensure that the EMA* receives the maximum Supplemental award possible. This means that probable *unspent* funds must be identified, and responsibly reassigned by the contractors and AIDS Office program managers.

11. Adjournment: *8--PM.*

NOTES

1) Roll Call.

Quorum: *4:30-PM*

√ = *Present;* **A** = *Absent*; **E** = *Excused Absence*; **L** = *Leave of Absence*

Estela Garcia *(Chair)*	E	Linford Gale	√	Danny Joe	√	Janet Nassar	√	Mike Shriver	√
Norm Nickens *(Chair)*	√	Barbara Garcia	√	Susan Karp	E	Bob Nelson	√	Laura Thomas	√
Steve Burns	√	Jaime Geaga	E	Jon Henry Kouba	√	Carmen Portillo	A	Rita Times	√
Pat Christen	√	John Gressman	√	Steve Lew	√	Steve Roger	√	Jerry Windley	√
Gene Copello	A	Chris Hall	√	Gerald Lenoir *(Acting Chair)*	√	Geoffrey Sackett	A	Mary Jane Wood	A
Mariam Farooq	E	Lester Hanson	A	Gifford S. Leoung	E	Sean Sasser	E		
Marcy A. Fraser	√	Bill Hershon	√	J.B. Molaghan	A	Rudy Servin	√		

Ms. E. Garcia deignated Mr. Lenoir to serve as co-chair for this meeting, in her stead.

2) Vote - *Motion <A>*

A = Abstain; **N**= Opposed; √= For; **O** = Not present at vote.
Passed: √=17; N=0 (A=0; 0=2)

Burns	√	Gale	√	Hall	√	Kouba	√	Nelson	√	Shriver	O	Windley	√
Christen	O	B. Garcia	√	Hershon	√	Lew	√	Roger	√	Thomas	√		
Fraser	√	Gressman	√	Joe	√	Nassar	√	Servin	√	Times	√		

3) Vote - *Motion <B>*

Passed: √=15; N=0 (A=1; O=3)

Burns	√	Gale	O	Hall	√	Kouba	√	Nelson	O	Shriver	A	Windley	√
Christen	√	B. Garcia	√	Hershon	√	Lew	√	Roger	√	Thomas	√		
Fraser	√	Gressman	√	Joe	√	Nassar	√	Servin	O	Times	√		

Attachments:

1) Memorandum: San Francisco HIV Contractors Association to HIV Health Services Planning Council Members, "Update," 10/24/94, 3 pp..
2) Letter: Mitchell Katz, M.D., to Gail McBride, 10/12/94, 2 pp..
3) Memorandum: Galen Leung to Norm Nickens, "Report on CARE Contract Development," 10/24/94.

Glossary:

CARE* The Federal ***C****omprehensive* ***A****IDS* ***R****esources* ***E****mergency*, or Ryan White Act, the major source for funding AIDS services.
CONSORTIUM* The Planning Council also serves as the Title II Consortium, for the administration of CARE* Title II (i.e., State-administered) funds within the County of San Francisco.
EMA ***E****ligible* ***M****etropolitan* ***A****rea*: an urban area eligible to receive CARE* Title I funds. The "San Francisco EMA" consists of the counties of San Francisco, Marin and San Mateo.
HRSA* ***H****ealth* ***R****esources and* ***S****ervices* ***A****dministration*, the Federal agency administering CARE* programs.

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(10-24-94) ATTACHMENT ONE

SAN FRANCISCO HIV CONTRACTORS ASSOCIATION

1010 Gough Street, San Francisco, California 94109
(415) 474-7310 ext. 437

October 24, 1994

UPDATE

TO: HIV HEALTH SERVICES PLANNING COUNCIL MEMBERS

FROM: SAN FRANCISCO HIV CONTRACTORS ASSOCIATION

This is our second official update to you since our inception as The San Francisco HIV Contractors Association (SFHCA) in 1/94.

HISTORY OF THE HIV CONTRACTORS ASSOCIATION

The SFHCA convened it's first meeting in April, 1993 and officially formed the SFHCA in 1/94 with 24 members. We are currently 35 members strong and still growing!

The purpose of the Association is to represent and speak for the member Non-Profit Community Based Organizations of San Francisco County in matters relating to the delivery of HIV Services contracted by San Francisco County through the AIDS Office. Specifically, two of our major goals are:

To strive to improve and upgrade the provision of HIV services to individuals with HIV Disease by increasing coordination and cooperation among HIV Contractors and the AIDS Office, and

To increase the recognition of the significant contributions by HIV Contractors to the delivery of HIV Services.

SUCCESSES TO DATE:

Regularly scheduled monthly meetings of the Executive Committee of SFHCA with Mitch Katz and, most recently, Norm Nickens, focusing on problem identification and collaborative solutions have led to the following:

- Significant reduction in the amount of time spent developing narratives during the contracting process
- **Passage of the Continuing Resolution** through the Health Commission which permits contractors to receive 1/12 of the previous year's funding until they are certified.
- **Improved flow of information** from, the AIDS Office to Contractors both

Member Organizations (as of 08/01/94)

AIDS Indigent Direct Services
Baker Places
BAART
Bay View Hunter's Point Foundation AIDS Services
Black Coalition on AIDS
California AIDS Intervention Training Center
Continuum HIV Day Services
El Instituto Familiar De La Raza
Family Services Agency San Francisco
Haight Ashbury Free Medical Clinic
Home Care Companions, Inc.
Iris Center
Legal Services for Children—H.O.P.E. Project
Maitri AIDS Hospice
National Association for Visually Handicapped
Operation Concern
Patients' Rights Advocacy Services, Inc.
Planned Parenthood
Project Inform
Project Open Hand
Rose Resnick Lighthouse
Salvation Army Harbor Light Center
San Francisco Community Clinic Consortium
San Francisco AIDS Foundation
San Francisco Food Bank
San Francisco Suicide Prevention AIDS/HIV Nightline
Shanti Project
Tenderloin AIDS Resource Center
The Bridge for Kids/Un Puente Para Niños
UCSF: AIDS Health Project
Women's Specialty Clinic
Walden House
Westside Community Mental Health

about the internal functioning of the AIDS Office in terms of it's organizational chart,
titles and telephone numbers of staff as well as dates and times for meetings and other important data.

- Approval by the Health Commission on October 18, 1994 to dispense One-Time Funds awarded last year.

- Once Certified, the option of receiving a 1/6 advance of the value of the contract.

CONTINUING ISSUES

- **TIMELY CERTIFICATION OF CONTRACTS AND PAYMENT OF INVOICES**

This issue was brought to the attention of the CARE Council on September 17,1994 at the request of SFHCA. However, the data supplied by the AIDS Office failed to include the specifically requested data outlined below:

1) a list of all AIDS Contracts with both the dates of certification by DPH and for those not yet certified, the reasons why not.

2) a list of the AIDS Office Contracts which have not been paid on submitted invoices for services delivered, especially services delivered since the beginning of the contract and the dates on which checks were cut by the Controllers Office specifying which service delivery period those checks covered.

This is an issue as the timely payment of contractors negatively impacts the delivery of service. The two areas of contract fiscal stability and service delivery are intimately connected as follows:

The Contractor who may be on Continuing Resolution, but at an amount that reflects last year's award, may not be able to:

hire the clinician to provide counseling, OR

purchase the food supplies to provide food, OR

hire the casemanager to facilitate appropriate utilization of services and expedite entitlements.

Further, the Continuing Resolution does not benefit new contractors and the 1/6 Advance is only available on certified contracts.

RECOMMENDATIONS

We believe that the expeditious distribution of service dollars is the most basic responsibility of the AIDS Office acting as the fiscal agent and administrative arm of the CARE Council.

Therefore, we recommend:

1. **That the AIDS Office report on each Care Council Agenda in the first quarter and a half of each fiscal year their success in getting contracts certified and invoices paid as well as specific problems and timelines for solutions. The AIDS Office will then be held accountable in this most important function and the CARE Council will be kept informed of one major deterrent to individuals obtaining services.**

   A 44% Certification Rate as of 9/20/94 as reported on October 17, 1994 by the AIDS Office implies that 54% of the Contractors have potentially had service delivery interrupted, thus, impacting the quality of life of individuals with HIV Disease.

2. That the SFHCA collaborate with the CARE COUNCIL in any political effort to pressure the Mayor and Board of Supervisors into Charter Reform to alleviate the complicated journey each contract must make beyond the AIDS Office in order to become certified.

(10-24-94) ATTACHMENT 2

October 12, 1994

Ms. Gail McBride
Family Service Agency of San Francisco
1010 Gough Street
San Francisco, CA 94109

Dear Gail,

I was disappointed to read your letter to Estella Garcia, Co-Chair of the CARE Council. It contains many harsh criticisms of the AIDS Office. The letter makes no mention of the changes that were made by the AIDS Office in response to requests from the Contractors' Association. The letter seems in opposition to the very productive discussions that have existed in the past between the AIDS Office and the Contractors' Association.

Specifically, the following changes have already been made:

1. The option of fee-for-service contracts was created for contracts starting May 1, 1994, and has been taken advantage of by several contractors. This type of contract allows for faster payment of invoices because they do not need to be reconciled monthly.

2. For the first time, beginning May 1, 1994, AIDS renewal contracts were given the option of an advance of up to one-sixth of the value of a contract.

3. For the first time, beginning July 1, 1994, all grant-funded contracts were placed on continuing resolution through the Health Commission. This allowed renewal contracts to receive advances.

4. Efforts have been made to decrease the number of revisions required of agencies by AIDS Office program staff. I have personally sat in on specific negotiations that were difficult but necessary to speed up the process. Members of the Contractors' Association at previous meetings with me had stated that improvement had occurred, although more improvement in decreasing revisions would be needed.

5. The AIDS Office has been reorganized with an eye to improving contract development. These changes have included development of a program development unit which includes both Prevention and Health Service Program Managers. This has the effect of most agencies having a single program manager in order to facilitate communication, even if they have multiple contracts. It equalized the workload of Health Service and Prevention Program Managers. We also were able to bring Pat Johnson to the AIDS Office from the Office of Contract Management. By being situated here she has been able to spend more time working directly with AIDS Office program staff and contractors.

6. Development of a newsletter which has a calendar listing all due dates and meeting dates in one place to make it easier for contractors to track AIDS Office requirements and advisory meetings. The newsletter has also highlighted different agency programs so contractors could become more familiar with each other's programs.

This seems to me quite a bit of progress for a six-month period. I realize that the implementations have not always been perfect, but this was the first year that these changes were made. For example, it is true that some initial payments were delayed because the Controller's Office computer system did not track continuing grant monies that crossed the fiscal year. I feel bad about this, but I feel even worse at the characterization that this explanation is not "adequate" or "justifiable" or represents "bureaucratic excuses". Even in retrospect, I am sure you agree that it would have been hard for us to anticipate that when grant funds were put into the City's overall budget those grant funds for grant periods (e.g., May 1, 1994-April 30, 1995) that crossed the fiscal year (July 1, 1994) would not appear on their computer.

Last year there was a problem with 101 Grove. Invoices were held up because of training issues (several new employees bumped in) and strict adherence to paying full invoices only if 90% of units of service had been delivered. When that problem was identified we worked out a system with 101 Grove to allow payment of such invoices as long as there was an accompanying note from the AIDS Office program manager.

I am also very upset about your statement that "similar difficulties have not been experienced by mental health and/or substance abuse contractors." Because of the fiscal crises that have hit these two divisions, very few new contracts have been written. This is completely different from the situation with AIDS funding.

Norm explained to the Contractors Association Executive Committee and I explained to the CARE Council that the reason we have not created a contract-by-contract analysis of the dates of certification is that, in many cases, a portion of the delay was caused by contractors. I do not think it is productive for the AIDS Office to be publicly citing agencies for delays with submission of documents. It is our job to work productively with each agency to get the work done as quickly as possible. Sometimes agencies because of competing work load, personnel problems, fall behind in getting documents to us. We understand this and work with them. Norm and I would be happy to speak privately with any contractor about their specific contract.

I don't agree that the AIDS Office's most basic responsibility is "ensuring that service dollars are quickly distributed." I believe our most basic responsibility is providing the best care to HIV-infected persons. Paying contractors in a timely fashion is an important goal and contributes to good care. However, along with fiscal accountability there are other important goals, including structuring contracts to provide optimum services to the largest number of clients possible in a culturally appropriate way.

In summary, I hope that we can return our attention to solving the problems of our system together.

Sincerely,

FOR

Mitchell Katz, M.D.
Director, Epidemiology, Disease Control, & AIDS

cc: Estella Garcia
Norm Nickens

o:\wp:contrl

City and County of San Francisco **Department of Public Health**

(10-24-94) ATTACHMENT 3

MEMORANDUM

TO: Norm Nickens

FROM: Galen Leung

DATE: October 24, 1994

SUBJECT: Report on CARE Contract Development

Below is a table of information on the status of **CARE** contracts as of **9/20/94**.

Funding	Service Provider To be Selected	Monitoring Report Needed	Awaiting Narrative or Budget	Awaiting Support * Documents	Awaiting Contractor Signature	OCM Review & Packaging	In Certification Process	Certified
CARE Formula	0	0	0	2	0	0	1	22
CARE Supplm.	0	0	4	0	5	4	8	19
CARE II	3	0	2	0	0	0	0	0
CARE III	0	0	0	0	0	0	0	1
Grand Total: (Out of 71)	3	0	6	2	5	4	9	42

* Support documents includes insurance accords; 2 contracts could not be certified due to expired insurance accords.

Below is a table of information on **CARE** contracts as of today (**10/24/94**).

Funding	Service Provider To be Selected	Monitoring Report Needed	Awaiting Narrative or Budget	Awaiting Support * Documents	Awaiting Contractor Signature	OCM Review & Packaging	In Certification Process	Certified
CARE Formula	0	0	0	1	1	0	1	22
CARE Supplm.	0	0	0	0	2	0	5	33
CARE II	2	0	0	0	0	1	2	0
CARE III	0	0	0	0	0	0	0	1
Grand Total: (Out of 71)	2	0	0	1	3	1	8	56

* Support documents includes insurance accords. Currently, 1 contract cannot be certified due to expired insurance accords.

If you have any questions, please call me at 554-9019. Thank you.

cc: Harry Mar, Payment Unit members
Pat Johnson, Contract Unit members

941023PC-1

IDS OFFICE
25 VAN NESS AVENUE, SUITE 500
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Agenda

HIV Health Services Planning Council

November 14, 1994

→4-PM← to 8:20-PM

25 Van Ness Av, 3rd Floor

4-PM	**1. Roll Call**	
4:05	**2. Review and Approval** of the Minutes of October 24, 1994, and the Agenda of November 14, 1994.	
4:10	**3. General Announcements**	
4:20	**4. Public Comment**	
4:35	**5. Chairpersons' Reports.** Status report on AIDS Indigent Direct Services (A.I.D.S.). *Note: Meeting on November 21 and retreat planning.*	*Estela Garcia Norman Nickens*
4:45	**6. Subcommittee Reports.** Nominations Subcommittee will recommend a Member to fill vacant co-chair position. RFP Working Group will recommend changes to the RFP Process.	
5-PM	**7. Review and approval of "Objectives" for the Comprehensive Long-Range Plan.** The "Objectives" have been sent to all Planning Council Members. Feedback from providers and the community will be provided. VOTE.	*Jan Gurley*
5:45	**8. Prioritization of expenditure categories for unexpended funds.**	*Jan Gurley*
6:15	**9. FY 1994 contract certification and payments.**	*Galen Leung*
6:30	**10. Presentation of HIV Prevention Council comprehensive plan for prevention services in San Francisco.** Review and comment of the draft form of the plan, required by the Centers for Disease Control.	*Valerie Kegebein*
7:30	**11. Discussion of the report of the Joint Task Force on the HIV Epidemic.** All Planning Council Members have received a copy of the draft report. There will be no presentation, only a discussion of concerns or questions about the report.	*Norman Nickens Eileen Hansen*
8-PM	**12. Overview of budgets submitted with CARE* Formula application for 1994-1996.**	*Valerie Dorr*
8:20	**13. Adjournment**	

Glossary: CARE* = The Federal Comprehensive AIDS Resources Emergency, or Ryan White Act, the major source for funding AIDS services.

Next Meetings: November 14, →21←, 28, 1994

The Council meets on the second and fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda Items. Minutes of meetings and all information distributed to the Council Members, are available for inspection and copying. For further information, call the Council's Staff, 554-9549. *Minutes of Meetings are tentative until formally approved by the Council.*

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HIV Health Services Planning Council

Minutes of Meeting

November 14, 1994

1. Roll Call[1]

2. Review and Approval of Minutes and Agenda
The Agenda of November 14, 1994 was approved, with this change: Item10 shall follow Item 6.

3. General Announcements

- Mr. Gale reported on the progress of the new central housing information and placement services ("CHIPS") for people inneed of housing. Providers are being sent instructional packets this week concerning the initial enrollment for CHIPS.

4. Public Comment. There was no public comment. (See Item 8.)

5. Chairpersons' Reports. There were no reports.

6. Subcommittee Reports. There were no reports.

7. Review and approval of "Objectives" for the Comprehensive Long-Range Plan.
Dr. Gurley distributed the November 14 revision of the "Objectives" statement, and a draft timeline ("Major Milestones") with completion dates for all of the objectives. The revision includes input from the November 9 community meeting. Six categories must still be plotted: Hospice, Rehabilitation Care, Day and Respite Care, Transportation, Translation/ Interpretation, Adoption/ Foster Care Assistance. AIDS Office staff will perform most of the work to meet the objectives.

Mr. Haskell reviewed the objectives for "System-Wide Developments, and the major changes to the objectives for the service categories proposed on November 9.

Mr. Shriver: Why aren't substance abuse and mental health staff referenced? Does goal "d" (Page 2) include resource allocation? Does goal "a" include Mental Health services? *Dr. Gurley:* The goals were formally adopted by the Council on October 17. We're discussing the objectives.

"Information and Referral" -- Objective 2 of Goal "f."
Ms. Wood: With the exception of the wait list items, this program might duplicate other projects. The San Francisco Public Library is about to put an extensive data base on-line, available to much of Northern California. Why don't we utilize this system, instead of replicating much of it? *Dr. Gurley*: Our proposed system has two purposes: to provide information about where the services are; and to permit a single intake, sparing the client from obtaining new certifications each time he wishes to access a program. *Ms. Wood*: Then you wish to have an interactive data base and also have intake capacity? *Dr. Gurley*: Yes. *Mr. Burns*: Will this reduce each provider's intake overhead? *Ms. Christen*: There probably would be an increase in administrative overhead the first few years -- possibly 400% to pull it off. It is at least a four-year process. *Ms. Estela Garcia*: How much will it cost to implement the Information & Referral system? $4 or 5,000,000? The Council should be prepared to prioritize the system when it makes its allocations. We must look at a three to four year implementation for this very ambitious goal. *Dr. Gurley:* Initially we would determine feasibility. By

the end of the first year, we will have a recommendation for a system, and an indication of its feasibility. *Mr. Lew*: We are not actually committing ourselves to funding these items.

"Service and Support" monitoring process -- Objective 3 of Goal "a."

Mr. Lenoir: Did the service providers object that the original monitoring objective (Page 5) amounted to trickery? *Mr. Haskell*: Yes. *Ms. Fraser*: Our evaluation process is insufficient. I have monitored an agency this way, anonymously. It is a controversial method, but useful if done carefully. *Mr. Lew*: Client satisfaction surveys are not enough. But this is a good first step. *Dr. Gurley:* Needs assessments only have input from current clients. The objectives do not limit our options. Some suggested a complaint hotline. *Mr. Lenoir:* We must reach the maximum number of clients. *Dr. Gurley*: We need specificity without many caveats. [Some non-Members objected that the proposed procedure might produce a negative reaction among some providers.] *Mr. Hershon*: The basic issue is monitoring. Let's focus on the concept. *Mr. Hall*: This particular method has an element of dishonesty, and should not be presented as the best or main option. *Ms. Fraser*: It might have an element of policing. But we seek quality and not just availability. If this method can improve service, why not use it? *Mr. Lenoir*: I wouldn't mind if my community-based organization (CBO) were so tested. I'd want to know. Any method must be *supportive*, not punitive. *Ms. Christen*: Providers should trust that we will use information constructively, and not turn it against them. *Mr. Burns*: A friend of mine with opportunistic infections has had great difficulty with agency bureaucracy. I as the executive director of a CBO want to know if this occurs. *Mr. Joe*: Leave this monitoring process unchanged. I tried for six months to get a CARE*-funded agency to respond. They answered the phone twice and gave me the wrong referral numbers. I have worked at an agency that gets CARE*-funding. I know that some CBOs pad their numbers. This stress is killing us. If an agency has nothing to hide, what is their complaint? *Mr. Servin* agreed. Clients do have problems accessing programs. We must monitor for accountability. *Dr. Katz*: We've only done this once. A conscientious program manager evaluated a Prevention CBO. Subsequently he called the executive director, and this stimulated a training. The agency decided to do this on a regular basis.

<a1> Dr. Gurley asked the Members to adopt a final version of the third objective, as a form of quality assurance. Since this was a Subcommittee recommendation, approval was by voice vote. This version was accepted (with Mr. Hall opposed). [*Italics* indicate additions to the original.]

> **3. A "Service and Support" monitoring process will be established *for the purpose of providing non-punitive feedback to agencies, as a form of quality assurance.* Providers will be notified prior to the commencement of the monitoring. Random phone calls will be made by trained volunteers or staff using ~~scripted~~ requests for services or referrals. Agencies will be evaluated on cultural appropriateness, availability of service (Including the presence of a wait list and length of wait list), availability of language capabilities, appropriateness of referrals, courtesy, *and other criteria as deemed appropriate.* ~~During the first year, monitoring results will be reported to each agency~~. In subsequent years, "Service and Support" results may be expanded to include on-site visits by anonymous, trained volunteers and/ or staff.**

"Ways in which people with HIV are involved in services" -- Objective 2 of Goal "d."

<a2> *Ms. Thomas* proposed amending the objective as follows:

> **2. ~~Beginning January 1995, the sstaff and board data that is collected~~ As a part of the request for proposal process and annual monitoring process, ~~will include a voluntary category to indicate number and percent of persons who are HIV infected~~ *agencies will be asked to demonstrate the extent to which people with HIV are involved in the planning, delivery and evaluation of HIV services.***

Mr. Lenoir: How does this change the original? *Ms. Thomas*: Small agencies have confidentiality issues. They should be able to declare that they have an advisory group of clients, or a similar mechanism, and not have to report the number of people with HIV. *Mr. Gale*: If I were a HIV+ employee, I wouldn't want to divulge my status. This doesn't imply that I'm insensitive. Your ammendment is more palatable. *Ms. Nasser*:

Most of my agency's programs are not HIV-related. I have no knowledge of the status of our whole staff, and I couldn't determine this.

Mr. Hershon: Consumers want to know if an agency is sensitive to HIV status. Reporting this is voluntary, but consumers will want to know, to inform their choice. *Ms. Estela Garcia*: There are affirmative action guidelines which agencies, including CARE*-recipients, must follow. *Dr. Katz*: We cannot legally require agencies to report this information. They volunteer to do so. Questions were called, and the proposed change passed. Mr. Gale and Ms. Nasser abstained.

"Substance Abuse Treatment and Counseling" -- Objective 6.

<a3> *Ms. Fraser*: If we say "variety of treatment models" we should list examples, such as "clean and sober." The Members unanimously adopted this version:

> **By March 1995, funding priorities will be given to ~~detox services linked to~~ *a variety of different treatment models, including harm reduction and* clean and sober treatment sites ~~which coordinate services~~.**

<a4> **"Substance Abuse Treatment and Counseling" -- Third Encapsulated New Project Idea.**

Mr. Hershon: Since the level of YO5 CARE* funding is uncertain, should we accept the proposed change ("•We will *increase funding* to a variety of different treatment models including harm reduction.")? His proposed change passed: Mr. Burns abstained.

> **To replace the entire third "Encapsulated New Project Idea" of the "Substance Abuse Treatment and Counseling" category (Page 17), with the revised sixth objective, just passed by the Council** [Motion <a3>].

"Substance Abuse Treatment and Counseling" -- Objectives 9 and 10.

<a5> *Mr. Shriver*: Revise the two objectives by combining them and adding "gay and bisexual men of all ages and colors." His proposed version of the combined objective passed unanimously:

> **Four meetings with agencies providing substance abuse treatment for youth service providers and agencies providing substance abuse treatment for women *and gay and bisexual men of all ages and colors*, will be conducted throughout the contract year for the purpose of identifying areas of coordination and fund development in a collaborative effort to enhance substance abuse treatment options. Thee meetings need to be hosted by the AID Office program managers.**

"Alternative/ Complementary Therapies" -- Objective 1.

Mr. Hershon: Again, an increase in dollars is specified. The Council shouldn't restrict itself. *Dr. Gurley*: It is conditional upon an increase in dollars. In the document we must say what we would like to do with more dollars. It is difficult to write a competitive grant application if one does not specify the benefits resulting from funding. This type of projection exists throughout the document and doesn't tie the Council's hands. *Ms. Wood*: Then qualify this by adding: "assuming there is increased funding." *Mr. Burns*: What if there are not more dollars, and people bring this up next March or April? *Dr. Gurley*: The Council will allocate dollar amounts on November 28. If the funds are not there, they won't be assigned."

Mr. Burns: At the November 22 public hearing, most comments came from one agency. *Ms. Wood*: Why substitute "Chinese Medicine Services" for "Complementary Therapy"? They receive most of our funding in this category. Other types shouldn't be excluded. *Ms. Thomas*: Emphasize traditional Chinese medicine, but don't limit funding to a single genre. Present several examples. Our goal is to increase services, and we shouldn't retreat by eliminating references to what we would do with increased funding. This document does not impose an absolute prioritization. The Council prioritizes each year. *Ms. Fraser*: The wording should be more inclusive. We want other providers to apply for funds. *Ms. Christen* The objective shouldn't specify a reduction target ["to one month"]. *Mr. Hershon*: Remove this phrase.

<a6> The Members unanimously approved this version:

> By March 1995, funding for complementary *services (including, but not limited to, traditional Chinese medicine and Qi Gong)* will be increased to ~~accommodate a 50% increase in the number of unduplicated clients and~~ *reduce* ~~reduction in~~ the average waiting list time ~~to one month~~.

Mr. Haskell distributed a timeline for work on the Comprehensive Plan (*Attachment One).* On November 21 Members will receive a revised version of the *Objectives,* incorporating the changes adopted tonight.

8. Prioritization of expenditure categories for unexpended funds.

Members received a memorandum[2] stating the AIDS Office's recommendation for the use of unexpended funds. *Dr. Gurley:* The proposal for use of the Special Project Fund will assist the AIDS Office's handling of information, provide data that the CARE* contractors have requested, and facilitate staff reduction if this becomes necessary. Option 2-d (to begin implementing the centralized information and intake services) will provide basic information on the necessary scale and cost of the proposed system. Two lumps of funds must be expended by December 30: (1) the Planning Council's $80,000 "Special Project Fund;" and (2) up to $1,500,000 in CARE* providers' unexpended funds.

Two non-Members addressed the Council. Gail McBride supported increased units of service for agencies providing more than 100% of contractual units of service. The Family Service Agency of San Francisco wishes to provide additional sessions to persons who do not meet current City & County criteria to access the Mental Health system's services, but clearly need more than 15 sessions. The need assessment identified Mental Health as the third greatest unmet service need. Jim Ilick of Project Open Hand asked endorsed those spending options that provide direct client services (vouchers and units of service.

Dr. Leoung: Does the AIDS Office have other "special projects" besides the Interoffice Access Database? *Dr. Katz*: There were no others. Note that the proposal also addresses a need often voiced by providers. Every Friday all information on line would be printed and become public. *Ms. Dorr*: Information from the Quarterly Reports and other data would be entered. Extrapolating data is now staff-intensive. *Dr. Gurley*: This may be the last year to secure funds to improve administrative efficiency and client information services vis a vis direct client services. We would not want to do this in a more constrained fiscal situation.

Ms. Thomas: Can the AIDS Office break down and use the flow of unknown funds? The proposal is based on an incremental increase in funds. Can this work be completed by December 31? *Dr. Gurley*: The increased funding for vouchers only requires an augmentation of existing contracts. The same applies to increased units of service. *Dr. Katz*: It is crucial to spend these funds by December 31. We are calculating the total now. The bulk originated in the current year. *Ms. Wood*: It is a tight time-line. When will you know the amounts? Proposals 2-b and 2-d can be done quickly. The units-of-service [2-c] would take longer. Can all of this be done in 1½ months? *Dr. Katz*: The contract part is doable. These are augmentations. The same units-of-service are involved, with no renegotiated costs.

Ms. Wood: Why are there still no indirect costs? These are continually eliminated. The 9% rate for indirects is low. Offering funds without indirects ignores the CBO's infrastructural needs. This will eventually discourage their participation. Some indirect costs, such as liability insurance, are based on client load. *Dr. Katz*: Theretically there should be no proportional increase in costs of indirects. *Ms. Wood*: They do increase! *Dr. Katz: O*nly moderately.

Mr. Shriver made the following motion, which failed to pass.[3]

> That the $80,000 in Special Project Funds be expended on the "Interoffice Access Database" proposed by the AIDS Office. The funding priority for the unexpended funds shall be: (1) complete funding of the one-time funds list approved by the Planning Council; and (2) Equal division of remaining funds between vouchers and increased units of service. Indirects *shall* be factored into each grant. The centralized information and intake services shall not be funded from this source..

Mr. Lenoir: Let us avoid the false dichotomy between direct client services and administrative costs. These are unproductive labels. *Ms. Christen*: The amount allowed for indirects is inadequate. New information systems shouldn't generate additional reporting. *Dr. Gurley*: The only change would be to fill in blanks. Much of the information would be entered before the report forms reach the agency. Agencies would like the changes. *Ms. Christen*: Invariably agencies do bear a considerable burden, at least in the initial stages. The system must be set up without further burdens on CARE* contractors. *Ms. Dorr*: The same form would be used. For instance, considerable confusion and delay would be avoided, since agencies would receive their quarterly reports with the top portion already completed. The changes will expedite the process for everyone. *Ms. Estela Garcia:* Possibly the AIDS Office could pilot the new system with a single CBO. The system facilitates data gathering. We would be supporting the infrastructure of the AIDS Office and the CBOs.

Ms. Portillo: Couldn't there be a more equitable method for purchasing and distributing vouchers? *Dr. Katz*: Not within the time constraints. The funds be expendable. Therefore we are limited to the existing contracts that provide these. *Ms. Nasser*: The AIDS Office proposal states that Westside Mental Health has a CARE*-funded voucher program. None of its voucher programs are CARE*-funded.

Ms. Thomas: Why should we cut this proposal? *Mr. Shriver*: To spend as much of the funds as possible, and avoid another consultant. *Dr. Gurley*: This developmental stage will be performed by a programmer, at a cost of approximately $200,000. It will be harder to obtain funds for this purpose later. *Mr. Shriver*: The proposal is too ambiguous, and there are so many urgent specirfic needs. *Mr. Windley*: How long until the special project is up and running? *Dr. Gurley*: The contract would be for deliverables. We estimate that the first stage would be completed within two or three months. *Mr. Windley*: What "staff reduction" were you referring to earlier? *Dr. Katz*: Several CARE*-supported positions. The proposed programs are the only way to reduce the staff-intensive effort now required. *Mr. Lenoir*: These are system-wide goals. The Council should fund them whenever possible. *Mr. Burns*: If we fund proposal 2-d, we'll get a nice report with no money to implement it. The funds won't be there. Mr. Windley proposed that further questions be called.

<A> Mr. Shriver made the following motion:

> That the $80,000 in Special Project Funds be expended on the "Interoffice Access Database" proposed by the AIDS Office. The prioritization for the unexpended funds shall be: (1) Complete funding of the approved one-time funds list; (2) Equally divide up to $1,000,000 between vouchers and increased units of service; [3] $200,000 for the information and intake services system; and (4) Equally divide all remaining funds between vouchers and increased units of service.). Factor Indirects into each grant. The AIDS Office is directed to explore other options for voucher support.

Dr. Leoung: Delay implementing the information and intake program, since there probably won't be enough funds. The findings would be out of date. *Dr. Gurley*: There could be other funding sources: grants, and other agencies to approach. We can't make requests without a concrete proposal. *Ms. Fraser*: Let's begin to invest in changing the system. *Mr. Windley*: We don't need expensive reports. There are greater needs. *Mr. Lenoir*: One of the most urgent needs is easier access to services. We shouldn't back off. We must deal with access. We need the system and must focus on obtaining it.

Ms. Christen: Are $500,000 to $1,500,000 [available] through 1994? Can these funds be used after December? *Dr. Katz*: The amount includes unused as well as unexpended funds. The amount unspent by December 31, 1994, will be deducted from next year's CARE* grant. *Ms. Thomas*: Our focus and momentum should be determined by San Francisco's needs, not HRSA's dicta. *Mr. Hall*: It might be more realistic to try for a more modest information and intake system. *Mr. Burns*: Amend the motion to require Council approval of a contract with the programmer, before it becomes final. *Dr. Katz*: Contracts cannot be conditional, and must state deliverables. *Mr. Burns*: Then we will receive more than a report? *Dr. Katz*: Yes. Actual implementation. A motion to call further questions passed. The motion passed:[4]

9. FY 1994 contract certification & payments. Put over to the meeting of November 28.

10.The HIV Prevention Council comprehensive plan for prevention services in San Francisco. Kerrington Osborne, co-chair of the Prevention Council, gave an overview of its comprehensive plan for prevention services in San Francisco. It is based on guidelines for community planning established by the Centers for Disease Control (CDC). The plan must (1) assess the extent, distribution and impact of HIV/AIDS; (2) detail the existing prevention resources in San Francisco; (3) identify unmet HIV prevention needs; (4) define the potential impact of strategies and interventions; (5) prioritize HIV prevention needs by high risk populations, strategies and interventions; (6) evaluate San Francisco's planning process.

Historically the Department of Public Health (DPH) issued requests for proposals (RFPs) based on epidemiological profiles developed by the AIDS Office; plus input from advisory committees, community meetings, and bidders' conferences. The Prevention Branch began to formulate a revised approach, much of which anticipated the requirements subsequently mandated by CDC. The Prevention Council's 34 members represent virtually all elements of the affected and general communities. The plan itself includes these elements: (1) a comprehensive epidemiological profile; (2) description of target populations, (3) priority strategies, (4) linkages from primary prevention to secondary prevention activities, and (5) related prevention activities (surveillance, research, program evaluation); (6) coordination between public and non-governmental agencies; (7) a HIV prevention technical assistance plan identifying the needs of DPH and the CBOs; and (8) an evaluation plan.

The "overarching themes" of the plan are that (1) the primary emphasis is on *behaviors*; (2) prevention strategies targeting injection drug use must also address substance use issues; (3) prevention messages must address psychosocial issues; and (4) prevention education must be developed in a clear, concise, culturally and developmentally appropriate manner.

The plan states that the major criteria for priority setting is *risk behaviors among target populations.* It identifies specific HIV transmission-related behaviors of target population from the most efficient to the least efficient methods: (a) blood to blood, (b) semen to blood, and (c) vaginal secretion to vaginal secretion (hypothetical). It defines the transmission groups and, finally, identifies those co-factors that are related to risk for HIV infection (substance use, socioeconomic status, STD rates, teen pregnancy, and tuberculosis). The "community planning" section describes known available resources, discusses overarching themes, and assesses in detail the HIV prevention neeeds of the several transmission groups. Among the priority strategies and interventions it discusses are: counseling, testing, referral, partner notification; individual, group, and community level interventions; and public information programs. It states specific goals and objectives for AIDS Office and prevention providers, describes system linkages and coordination activities between them; outlines a technical assistance plan for them; and evaluates the plan's planning process and implementation of its recommendations.

The plan's stated goals are to (1) reduce new HIV infections to as close to zero as possible by the end of the decade, by targeting both HIV+ and HIV- communities; (2) standardize units of service so that the work of different providers may be seen within the context of overall San Francisco prevention efforts; (3) provide all agencies with the technical and administrative capability deliver effective programs; and (4) ensure cultural appropriateness of all efforts. The 1995 DPH RFP (for programs beginning in 1996) is based on the Prevention Council's priorities; consolidation of *all* revenues to respond to prevention priorities; and expansion of collaboration among providers beyond funding, to include programmatic, administrative, resources, and referrals collaboration.

Mr. Shriver noted that last week he was part of a group that reviewed the plans submitted by 68 jurisdictions. The concensus was that San Francisco's was far superior, and that its epidemilogical data was superior to CDC's. Many felt that it should become the template for the mandatory requirement.

Mr. Lew: What resources will be available next year? *Mr. Dobrow*: We expect that $350,000 will be provided again for planning. Some should be available for technical assistance, the next major item of business for the Prevention Council. *Mr. Lew*: What links exist between our two councils? *Mr. Osborne*: We tried to create a link, but three Members who served on both councils were unable to provide this. The Joint Task

Force also recommends this. *Mr. Nickens*: The Joint Task Force recommends closer coordination, not necesarily shared membership. *Mr. Hershon*: Do behavior modes take into consideration the *relative* risk of each mode? Why do you prioritize "frequency of activity" vis a vis "efficiency of transmission?" *Mr. Osborne*: There is alot of multiple behavior. The Council wants the total picture. The type of intervention will depend on the type of behavior we wish to change. *Mr. Hall*: How do you define "secondary infection?" Mr. Osborne: In the same sense that the State talks of primary, secondary and tertiary infections.

Mr. Lenoir: Efforts to standardize units of service and encourage collaboration must not standardize effective programs out of existence. Don't restrict technical support to the prevention aspects of organizations that have far broader programming. Assist the organization as a whole. Adopt and maintain a broad definition. How will you gauge your progress in reducing new infection? Is your goal too broad and general? Is it preferable to state reasonable annual goals? *Mr. Osborne*: We discussed in depth the reality of a "0" goal for 2000, considering that now there are an estimated 1,000 new infections annually.

Mr. Osborne: At the Prevention Council's next meeting on December 8, it will review the final draft of the plan, due December 31. Our procedures mandate replacing one-half of the current members in January and February. We encourage you to nominate persons for membership. Brian Dobrow (554-9499) can provide copies of the document and forms for nominating persons for membership in the Council. Mr. Lew expressed the Planning Council's appreciation for the Prevention Council's dedicated efforts that produced such an outstanding product.

11.Discussion of the report of the Joint Task Force on the HIV Epidemic. To be considered at the meeting of November 28.

12.Overview of budgets submitted with CARE* Formula application for 1994-1996. To be considered at the meeting of November 28.

13.Adjournment: 7:40-PM.

In Memoriam:
Pedro Zamora
November 11, 1994
Age 22

N OTES

[1]Roll Call	Quorum: 4-PM	√ = *Present*; A = *Absent*; E = *Excused Absence*; L = *Leave of Absence*

Estela Garcia *(Chair)*	√	Linford Gale	√	Susan Karp	E	Bob Nelson	√	Laura Thomas	√
Norm Nickens *(Chair)*	√	Barbara Garcia	√	Jon Henry Kouba	√	Carmen Portillo	√	Rita Times	√
Steve Burns	√	John Gressman	E	Steve Lew	√	Steve Roger	√	Jerry Windley	√
Pat Christen	√	Chris Hall	√	Gerald Lenoir	√	Geoffrey Sackett	E	Mary Jane Wood	√
Gene Copello	√	Lester D. Hanson	A	Gifford S. Leoung	√	Sean Sasser	E		
Mariam Farooq	E	Bill Hershon	√	J.B. Molaghan	√	Rudy Servin	√		
Marcy A. Fraser	√	Danny Joe	√	Janet Nassar	√	Mike Shriver	√		

AFF: Mitch Katz, Jan Gurley, Valerie Dorr, Russ Zellers, Michelle Dixon, Bryan Dubrow, Marshia Herring, Teri Doowling, Kandyce Collins, Valerie Dorr, Bill Haskell, Charles Brand.

[2] Jan Gurley, MD, to HIV Health Services Planning Council Members, *Spending of Unexpernded Funds, Including Planning Council Special Projects Fund*, 11/14/94 (2 pp.).

[3]Vote on Motion	A = Abstain; N= Opposed; √= For; O = Not present at vote. *Yes--12 No--8 A--2. Failed to obtain 2/3 approval.*

Burns	√	B. Garcia	N	Lew	O	Nelson	A	Thomas	N
Christen	A	Hall	√	Lenoir	N	Portillo	N	Times	N
Copello	√	Hershon	√	Leoung	√	Roger	√	Windley	√
Fraser	N	Joe	√	Molaghan	√	Servin	N	Wood	N
Gale	√	Kouba	O	Nassar	√	Shriver	√		

[4]Vote Motion <A>	*Yes--17 No--0 A-6. Passed*

Burns	A	B. Garcia	√	Lew	O	Nelson	A	Thomas	√
Christen	A	Hall	√	Lenoir	√	Portillo	√	Times	√
Copello	A	Hershon	√	Leoung	√	Roger	√	Windley	√
Fraser	√	Joe	√	Molaghan	√	Servin	√	Wood	√
Gale	A	Kouba	O	Nassar	√	Shriver	√		

Glossary:

CARE* Federal *C*omprehensive *A*IDS *R*esources *E*mergency, or Ryan White Act, the major source for funding AIDS services.
EMA *E*ligible *M*etropolitan *A*rea: an urban area eligible to receive CARE* Title I funds. The "San Francisco EMA" consists of the counties of San Francisco, Marin and San Mateo.
HRSA* *H*ealth *R*esources and *S*ervices *A*dministration, the Federal agency administering CARE* programs.

Attachments

1) "HIV Health Services Comprehensive Five Year Plan: Timeline"

PLANNING COUNCIL CALENDAR

11/ 21	Planning Council		
11/ 22	Long Range Planning Subcommittee (5-PM)	**11/ 28**	**Planning Council**
11/ 29	*(Enlarged)* Long Range Planning Subcommittee	12/ 5	Community Planning Meeting
12/ 12	**Planning Council**	12/ 15	***Comprehensive 5-Year Plan completed***
12/ 19	**Planning Council**	2/ 17/95	CARE Supplemental Application submitted.

The Council meets on the 2nd & 4th Mondays of each month, at the place noted above. All are welcome and may comment on Agenda items. Minutes of meetings and all information distributed to the Council Members, are available for inspection and copying. For further information, call the Council's Staff, 554-9549. *Minutes of Meetings are tentative until formally approved by the Council.*

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Agenda

HIV Health Services
Planning Council

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November 21, 1994
4-PM to 8-PM
25 Van Ness Av., 3rd Floor

4-PM	**1. Roll Call**	
4:05	**2. Review and Approval** of Minutes of October 24 and November 14, 1994, and the Agenda of November 21, 1994.	
4:10	**3. General Announcements**	
4:15	**4. Public Comment**	
4:30	**5. Chairpersons' Reports.** Status report on AIDS Indigent Direct Services.	*Estela Garcia* *Norman Nickens*
4:50	**6. Subcommittee Reports.** Nominations Subcommittee will recommend a Member to fill vacant co-chair position. Subcommittee meetings will be scheduled.	
5-PM	**7. Presentation of a study of prophylaxis in San Francisco.**	*Mitch Katz, MD* *Sandy Schwartz, MD*
5:20	**8. Review and Approval of Objectives for Comprehensive Plan for HIV Services.**	*Jan Gurley, MD* *Bill Haskell*
5:40	**9. FY 94 contract certification and payments.**	*Galen Leung*
6-PM	**BREAK**	
6:15	**10. Establishing service priorities.** The Council will develop one list of prioritized service categories which will comprise the comprehensive continuum of CARE* services. VOTE.	*Jan Gurley, MD* *Valerie Dorr* *Bill Haskell*
8-PM	**11. Adjournment**	

Glossary:

CARE The Federal *C*omprehensive *A*IDS *R*esources *E*mergency, or Ryan White Act, the major source for funding AIDS services.

Attachment: Mitch Katz, MD, and Rani Marx, Ph.D., *1994 CARE Needs Assessment Addendum #2* (3 pp.)

Next Meetings: November →21←& 28, 1994

The Council meets on the second and fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items. Minutes of meetings and all information distributed to the Council Members, are available for inspection and copying. For further information, call the Council's Staff, 554-9549.

Minutes of Meetings are tentative until formally approved by the Council.

ATTACHMENT TO AGENDA
OF NOVEMBER 21, 1994

1994 CARE Needs Assessment Addendum #2

In response to requests from the CARE Committee, we have performed the following analyses:

1. Comparison of English-speaking Latinos to monolingual Latinos; and

2. Profile of Transgender persons.

As with all analyses from this survey, please remember that needs and unmet needs are based on the self-perception of the clients. Needs and unmet needs are not measured objectively. Therefore, if a particular group reports less of a need for a particular service, it is possible that they actually have the same objective need but perceive themselves as less in need. Also, since we surveyed at CARE sites, those people most disenfranchised from the system are unlikely to be counted. Stated in a positive way, to the extent our programs meet the needs of the clients they are serving, there will not be significant differences between groups.

Comparison of English-speaking Latinos to monolingual Latinos.

I highlight below those service categories where there was a 10% difference between English-speaking and Spanish-speaking Latinos.

Need and unmet need is greater in English-speaking than in Spanish-speaking Latinos:

Money management
Help paying for living expenses

Need greater in Spanish-speaking, but unmet need greater in English-speaking:

Legal services

Need greater in Spanish-speaking than in English-speaking:

Therapy

Unmet need greater in Spanish-speaking than in English-speaking:

Adult day health care
Home care

Unmet need greater in English-speaking than in Spanish-speaking:

Dental care
Alternative treatments
Help finding a place to live

Transgender Persons

Thirty transgender persons identified themselves in the survey (2% of the sample). Readers should note that persons who have completed the change from one gender to the other may not think of themselves as transgender persons, but rather as male or female and therefore not show up in this data.

All transgender persons lived in San Francisco, and 92% were between the ages of 25 and 44 years (average age 34 years). Only one had dependents. Forty-one percent were African-American, 21% were white, 17% were Latino, 10% Asian/Pacific Islander, and 7% other.

As a group they were indigent. Over half (53%) were homeless or lived in a hotel, shelter, etc. Ninety percent were unemployed, 35% earned under $600.00, and 24% earned more than $600. but less than $900. Twenty-four percent had no insurance, and 45% had public insurance. Thirty-five percent had CD4 counts below 200 cells.

In general, the needs and unmet needs of the transgender community were similar to those of the rest of the sample with the following exceptions:

Need and unmet need greater for transgender persons compared to other HIV-infected persons:

Help for drug/alcohol habit

Need greater for transgender persons compared to other HIV-infected persons:

Day health care
Help finding a place to live
Transportation to get HIV care

Need and unmet need less for transgender persons compared to other HIV-infected persons:

Acupuncture or Chinese medicine

Unmet need less for transgender persons compared to other HIV-infected persons:

Volunteer or buddy companion

Prepared by: Mitchell Katz, M.D.
Rani Marx, Ph.D.

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HIV Health Services Planning Council
Minutes of Meeting
November 21, 1994

1. Roll Call[1]
Steve Lew served as *acting* co-chair in placeof Ms. Estela Garcia.

2. Review and Approval of Minutes and Agenda
The Minutes of October 24, 1994, and the Agenda of November 21 were approved.

3. General Announcements
- The CAEAR* coalition and groups interested in the four CARE* Titles will meet in Washington from December 8 through 11 to discuss CARE* Act reauthorization.
- The Long Range Planning Subcommittee will meet on November 22 and December 5. The meeting on the 5th will be for community discussion of the EMA*'s *Five-Year Comprehensive Plan for HIV Services.*

4. Public Comment. There was no public comment.

5. Chairpersons' Reports.
- Mr. Nickens distributed and discussed Health Director Dr. Hernández' memorandum to Department regarding implementation of Proposition 187.[1] Most provisions have been placed on hold because of the ambiguous legal situation. The Department will enforce them only upon court order.
- Mr. Nickens reported on the status of the AIDS Indigent Direct Services (A.I.D.S.) receivership established in April. The agency has not met its October deadline to raise its non-CARE* financing to 30% and effect required changes in its board and management. A.I.D.S. must raise $100,000 by April 1995 to be in compliance. Their board was to have increased to 18 members from seven at the time of receivership. They currently have five. Mr. Nickens distributed and discussed a letter from Albert D. Cunningham, president of their board of directors.[3] On October 11 they resolved not to bid to renew their contracts if they are put out to bid; but to endeavor to sustain services to their clients through merger or other collaboration. Mr. Nickens said that the AIDS Office is exploring alternatives for resolving the situation, and is in communication with several agencies. A.I.D.S. must be in substantial negotiations with another agency by December 15, or the AIDS Office will issue an RFP for their services in January 1995.

6. Subcommittee Reports
Membership Subcommittee. Ms. *Fraser.* they recommend Mr. Lew as third co-chair. The Members unanimously approved their endorsement.
Bylaws Subcommittee. *Mr. Nickens:* The subcommittee should address the issues of the chair's term of office, ratification of motions, and a grievance process regarding Council decisions. The next meeting is Thursday, December 15, at 5-PM. Mr. Shriver and Mr. Windley are also on the Subcommittee. All Members will be notified of meetings and are invited to participate.
Task Force on Collaboration. Dr. Katz distributed and discussed a memorandum generated by the November 15 meeting of the task force.[4] *Mr. Burns:* If we received more than one-day's notice of the meeting, more would have attended. (Mr. Lenoir said that he had not been notified.) *Ms. Thomas:* It was a difficult and contentious meeting, with much debate over timelines. The whole spectrum of projects is probably too much for one task force. I wanted the group to choose one or two items to focus on, but Mr. Hershon wanted all items to be considered. *Mr. Windley:* I agree. We should avoid another "Center for Positive Care" fiasco. *Mr. Hall:* The issues are volatile and demand greater input. *Mr. Lew:* What is the Council's

sense of priorities? *Ms. Christen:* The scope is excessive. The work must be prioritized. Some topics seem beyond the purview of the task force. They should focus on the third and fourth topics. Other topics are the work of the full Council. *Ms. Fraser:* These items are the future scope of our Council work. At some point we should all discuss all of our Planning Council work outside the regular meetings. *Ms. Thomas:* Bill Hershon pushed for this. I would rather not comment without Bill's presence. The scope reflects his impetus and sense of urgency. I asked him to prioritize, but he did not want to know. *Mr. Lenoir:* The task force's scope is a critical issue. Items three and four are relevant to its assignment. The other items should be reconsidered. *Ms. Wood:* Items three and four are acceptable. Tonight we have already approved items 4a and 4b. We need the involvement of Marin and San Mateo representatives, and a much broader process. Some of these items belong in the *Objectives* we voted on tonight. *Mr. Shriver:* The Council should adopt the third item. The Health Commission is looking at HIV status disclosure by agency staff and directors (part of Item 4) on a department-wide basis. The task force should focus on Item 3.

Mr. Shriver made the following motion:

That the mission of the Task Force is to identify areas where cost savings or greater levels of client services could be provided through closer collaboration of AIDS agencies. This includes: (1) review of prior successes and failures of attempts to consolidate contracts and/ or create collaborative service provision; (2) review prior suggestions for bulk purchasing (including through the City), shared rental space, joint insurance coverage.

Mr. Gale: Many did not want the task force. Only one person pushed for it. Let's start to focus and avoid egos. *Dr. Copello:* Is the task force's focus EMA-wide? *Mr. Brand:* The Council restricted it to San Francisco. *Dr. Copello:* If we are creating subcommittees of subcommittees, we should examine our organizational structure. *Mr. Hall:* It is irregular to delay action because one member is not here [Mr. Hershon]. We would only repeat much of this discussion. Should we recalendar the item? *Ms. Fraser:* The task force cannot work on Item 3 if it does not determine the range of costs for different service modalities [Item 2]. Mr. Shriver declined to accept this modification of his motion. *Mr. Burns:* The task force should make its recommendations regarding bulk purchasing by February 1995. *Ms. Christen:* Amend the motion to state "or better access to client services" following "greater levels of client services."

Mr. Lenoir: These items should be decided by the Long Range Planning Subcommittee, not by the Council. The proposal of the memorandum should be referred back to them. *Ms. Thomas:* The subcommittee has already reviewed this, and does not want to go back. *Mr. Lenoir:* The subcommittee should not be autonomous, functioning at one person's whim. *Ms. Times:* The task force was formed to begin researching these issues. The Members voted to call further questions.

Mr. Shriver's motion was revised as follows, but failed to pass:[5]

That the mission of the Task Force is to identify areas where cost savings, greater levels of client services, or better access to client services could be provided through closer collaboration of AIDS agencies. This includes: (1) review of prior successes and failures of attempts to consolidate contracts and/ or create collaborative service provision; (2) review prior suggestions for bulk purchasing (including through the City), shared rental space, joint insurance coverage. The task force is to report back in February 1995, through the Long Range Planning Subcommittee.

Mr. Lenoir: The Subcommittee should compose and submit to the Council a motion regarding the task force's mission. *Ms. Fraser:* Their work should fall within the original Planning Council motion. We should not be considering it here. *Dr. Katz:* They disagreed on their mission. *Ms. Christen:* I favor a motion to restore the original process, and let the Long Range Planning Subcommittee handle the matter. *Dr. Katz:* The task force's scope of activity was unclear, even to subcommittee members. That is why they referred the matter back to the Council, which created it.

Mr. Burns made a substitute motion, which failed to pass:[6]

That the motion creating the Task Force on Collaboration is rescinded. The Long Range Planning Subcommittee may create its own mechanism for accomplishing is objectives.

<A> Mr. Lenoir made the following motion, which passed unanimously:[7]

That the inquiry from the Task Force on Collaboration *(Dr. Katz' memorandum of November 21, 1994)* be referred back to the Long Range Planning Subcommittee for disposition. The Task Force shall communicate with the full Planning Council only through the Subcommittee.

7. Presentation of a study of prophylaxis in San Francisco.

Dr. Sandy Schwartz distributed and discussed a report on the utilization of *pneumocystis carinii* pneumonia prophylaxis and antiviral agents.[8] Using an AIDS Office database, the researchers studied the frequency of prophylaxis (before, after, or none at all) in 1993 for persons for whom PCP was their first AIDS diagnosis. Particularly germane for Planning Council purposes was the finding that uninsured persons and persons of color were far more likely not to have received prophylaxis before the onset of the infection, but that upon diagnosis and clinical treatment, these distinctions disappear.

8. Review and Approval of Objectives for Comprehensive Plan for HIV Services

Members received the version of the *System-Wide and Service Category Goals & Objectives for HIV Health Services Comprehensive 5 Year Plan* incorporating the modifications adopted by the Council on November 14. *Ms. Wood:* Do "Objectives Year 2-5" of the "Food" service category require changing the current prioritization of that category? *Dr. Gurley:* This statement was suggested at the food providers' meeting. It could be changed to "funding priorities *for new money* will be established... ." *Mr. Burns:* This was not suggested at the providers' meeting. *Jim Ilick:* It was originated by the AIDS Office. *Dr. Gurley:* It can be removed or modified. *Mr. Bums:* As of June 1994, Project Open Hand's home delivery demand was approaching 4,000 units, and it was unable to continue to expand. The objective's wording should be unchanged. *Ms. Times:* Leave it as it is. Clients should have a choice.

The following motion was made and seconded, but failed to pass:[9]

Objectives (Year 2-5) of the "Food" category of the Comprehensive 5-Year Plan shall read as follows: "1. During years 2 through 5, funding priorities for new money will be established to encourage new forms of service delivery (such as congregate meal sites, on-site service with food preparation elsewhere), and coordination of varying levels of service provision as client needs change."

<B> The following motion passed unanimously:[10]

The November 14, 1994 revised "Objectives" shall be the "Objectives" statement of the System-Wide and Service Category Goals & Objectives for HIV Health Services Comprehensive 5 Year Plan.

9. FY 94 contract certification and payments

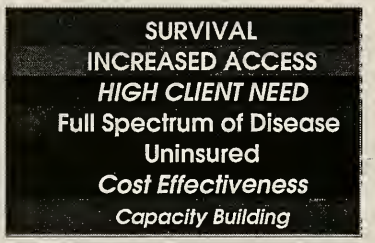
Mr. Leung distributed and discussed a study of CARE* contract processing.[11] This year most of the delay in contract drafting resulted from the effort to consolidate Formula and Supplemental contracts. Next year contracts should be developed faster. Note that all but eight of the contracts were certified in less than 30 days. The "Hold Negotiation Meeting" column refers to scheduling meetings with contractors. We actually had no information about the length of time involved for 41 contracts, and these were listed among the 49 listed for "0-9 calendar days." Sometimes it takes only a single phone call. *Mr. Bums:* Use the median instead of the means in future reports of this type.

Mr. Leung: We tallied the amount of time it took to secure payment after invoices were received. Of 112 instances, 48 payments were beyond 30 days. Of these, nine contracts had not yet been certified, six invoices were very late, and 19 invoices listed the wrong contract number. *Mr. Lenoir:* In March 1995 the Support Center will be offering workshops on contract development. Were there other reasons for delay besides Formula and Supplemental consolidation? *Mr. Leung:* There has been a rapid growth in the de-

mands on the Business Services Unit. Next year a new factor will be the need to change expenditure periods. Closing dates will differ. *Ms. Christen:* We should avoid pushing the BSU to the point where it messes up on non-CARE* business. *Mr.Nickens:* On November 15 the Health Commission adopted a Department-wide contract policy to accelerate the process and make it more responsive to contractors and the community. The process will be uniform and address discrepancies between DPH units.

10. Establishing service priorities.

Dr. Gurley: The CARE* Act requires every EMA* Planning Council to reconfigure service categories and reauthorize allocations annually. The focus is on clients' needs, not on agency performance or particular needs. Now we shall prioritize services. On November 28, we will prioritize the expenditure of CARE* funds. The conceptualization of the care continuum upon which we have operated can be visualized as seven concentric circles, progressing in importance towards the nucleus.



The Members divided into four groups, each adopting a prioritization of service categories, including one the Council added this year: Systemwide developments. Subsequently the groups met again in full Council, merged the four lists, and resolved any differences in sequences. The Members approved the final list (*see "Attachment"*).

11. Adjournment: 8:30-PM.

NOTES

1. **Roll Call:** Quorum: 4-PM.

√ = *Present;* **A** = *Absent*; **E** = *Excused Absence*; **L** = *Leave of Absence*

Estela Garcia *(Chair)*	E	Linford Gale	√	Danny Joe	√	Janet Nassar	√	Mike Shriver	√
Norm Nickens *(Chair)*	√	Barbara Garcia	√	Susan Karp	E	Bob Nelson	√	Laura Thomas	√
Steve Burns	√	Jaime Geaga	√	Jon Henry Kouba	√	Carmen Portillo	√	Rita Times	√
Pat Christen	√	John Gressman	√	Steve Lew	√	Steve Roger	√	Jerry Windley	√
Gene Copello	√	Chris Hall	√	Gerald Lenoir	√	Geoffrey Sackett	E	Mary Jane Wood	√
Mariam Farooq	E	Lester D. Hanson	A	Gifford S. Leoung	A	Sean Sasser	E		
Marcy A. Fraser	√	Bill Hershon	A	J.B. Molaghan	√	Rudy Servin	√		

STAFF: Mitch Katz, Kandyce Collins, Valerie Dorr, Teri Dowling, Bill Haskell, Galen Leung, Charles Brand

2. Sandra R. Hernández, M.D. to all Department of Public Health Employees (memorandum), "Proposition 187 Update, Number 3," 11/18/94, 5pp.

3. Albert D. Cunningham to Norm Nickens (letter), 10/14/94.

4. Mitchell Katz, M.D. to Planning Council Members, "Collaboration Subcommittee of the Long Range Planning Committee," 11/21/94, 3pp.

5. **Vote on Motion:** ***The Motion failed: Yes=6; No=13***

A = Abstain; **N**= Opposed; √= For; **O** = Not present at vote

Burns	√	Gale	N	Hall	√	Molaghan	N	Roger	N	Times	N
Christen	√	B. Garcia	N	Joe	O	Nassar	N	Servin	N	Windley	√
Copello	A	Geaga	N	Kouba	O	Nelson	O	Shriver	√	Wood	N
Fraser	N	Gressman	N	Lenoir	N	Portillo	N	Thomas	√		

6. **Vote on Motion:** ***The Motion Failed: Yes=7; No=9; A=4.***

Burns	√	Gale	A	Hall	N	Molaghan	N	Roger	√	Times	N
Christen	√	B. Garcia	N	Joe	O	Nassar	A	Servin	A	Windley	√
Copello	√	Geaga	N	Kouba	O	Nelson	O	Shriver	N	Wood	√
Fraser	N	Gressman	N	Lenoir	√	Portillo	N	Thomas	A		

7. **Vote on Motion <A>:** ***The Motion passed (unanimously): Yes=19***

Burns	√	Gale	√	Hall	√	Molaghan	√	Roger	√	Times	√
Christen	√	B. Garcia	√	Joe	O	Nassar	√	Servin	O	Windley	√
Copello	√	Geaga	√	Kouba	O	Nelson	O	Shriver	√	Wood	√
Fraser	√	Gressman	√	Lenoir	√	Portillo	√	Thomas	√		

8. *Utilization of PCP prophylaxis and antiviral agents: Summary Report: November 14, 1994, 12pp.*

9. **Vote on Motion:** *The Motion failed: Yes=7; No=10; Abstain=3*

Burns	√	Gale	√	Hall	A	Molaghan	N	Roger	√	Times	N
Christen	N	B. Garcia	N	Joe	O	Nassar	√	Servin	N	Windley	√
Copello	N	Geaga	N	Kouba	O	Nelson	N	Shriver	√	Wood	A
Fraser	N	Gressman	A	Lenoir	√	Portillo	O	Thomas	N		

10. **Vote--Motion <B>:** *The Motion passed (unanimously: Yes=21)*

Burns	√	Gale	√	Hall	√	Molaghan	√	Roger	√	Times	√
Christen	√	B. Garcia	√	Joe	√	Nassar	√	Servin	√	Windley	√
Copello	√	Geaga	√	Kouba	O	Nelson	√	Shriver	√	Wood	√
Fraser	√	Gressman	√	Lenoir	√	Portillo	O	Thomas	√		

11. Galen Leung, *Care Contracts and the Number of Days They Took at Each Step of Development*, 11/14/94, 1p.

Glossary:

CAEAR *C*ities *A*dvocating *E*mergency *A*IDS *R*elief. A public interest group advocating maximum government funding for AIDS services in EMAs.

CARE The Federal *C*omprehensive *A*IDS *R*esources *E*mergency, or Ryan White Act, the major source for funding AIDS services.

EMA *E*ligible *M*etropolitan *A*rea: an urban area eligible to receive CARE* Title I funds. The "San Francisco EMA" consists of the counties of San Francisco, Marin and San Mateo.

HRSA* *H*ealth *R*esources and *S*ervices *A*dministration, the Federal agency administering CARE* programs.

Planning Council Calendar

11/ 29	*(Enlarged)* Long Range Planning Subcommittee	12/ 5	Community Planning Meeting
12/ 12	**Planning Council**	12/ 15	***Comprehensive 5-Year Plan completed***
12/15	Bylaws Subcommittee	**12/ 19**	**Planning Council**

2/17/95 CARE Supplemental Application submitted.

The Council meets on the 2nd & 4th Mondays of each month, at the place noted above. All are welcome and may comment on Agenda items. Minutes of meetings and all information distributed to the Council Members, are available for inspection and copying. For further information,

ATTACHMENT

San Francisco HIV Health Services Planning Council
Priorities Assigned to Service Categories for CARE* YO5 (11/21/94)

Service Category (YO4)	*Grp. 1*	*Grp. 2*	*Grp. 3*	*Grp. 4*	*Av.*	*YO5*
1. Primary Medical Care	2	1	1	1	*1.25*	1
2. Housing	1	2	2	2	*1.75*	2
3. Food	5	3	3	3	*3.5*	3
4. Dental	6	5	11	6	*7*	9
5. Mental Health[1]	3	6	5	7	*5.25*	5/6
6. Case Management	9	9	9	9	*9*	10
7. Substance Abuse[1]	4	7	6	4	*5.25*	5/6
8. Home Health Care	8	8	7	8	*7.75*	7
9. Client Advocacy	15	13	12	12	*13*	13
10. Direct Emergency Services	13	11	10	10	*11*	11
11. Alternative/Compl. Care	11	12	13	13	*12.25*	12
12. Buddy/ Companion	12	14/15	14	15	*13.88*	14
13. Hospice	10	10	8	11	*9.75*	8
14. Rehab. Care	17	16	17	17	*16.75*	17
15. Day & Respite Care	14	17	15	14	*15*	15
16. Transportation	16	14/15	16	16	*15.63*	16
17. Translation	18	18	18	18	*18*	18
18. Adoption/ Foster	19	19	19	19	*19*	19
System-wide Dev.[2]	7	4	4	5	*5*	4

1 "Mental Health" and "Substance Abuse" are both priority 5.
2 "System-wide Development" was not a YO4 service category.

Funding Priority for YO5.

Service Category
1 Primary Medical Care
2 Housing
3 Food
4 *System-wide Development*
5 Mental Health (1)
6 Substance Abuse (1)
7 Home Health Care
8 Hospice
9 Dental
10 Case Management
11 Direct Emergency Services
12 Alternative/Compl. Care
13 Client Advocacy
14 Buddy/Companion
15 Day & Respite Care
16 Transportation
17 Rehab. Care
18 Translation
19 Adoption/ Foster

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Agenda

HIV Health Services Planning Council

November 28, 1994

DRAFT

4-PM to 8-PM

25 Van Ness Av., 3rd Floor

4-PM	**1. Roll Call**	
4:05	**2. Review and Approval** of Minutes of November 21and the Agenda of November 28, 1994.	
4:10	**3. General Announcements.** Community input and planning meeting to review Sections A & B of Comprehenive HIV Services Plan will be held December 5th at 5-PM. Distribution of Sections A & B.	
4:15	**4. Public Comment**	
4:30	**5. Chairpersons' Reports.**	*Estela Garcia* *Norman Nickens*
4:45	**6. Subcommittee Reports.**	
5-PM	**7. Reconfiguration of services.** Discussion of the need and options for reconfiguring HIV health services. VOTE.	*Jan Gurley, MD* *Valerie Dorr*
5:45	**8. Consideration of relationship between Comprehensive HIV Services Plan Objectives and available funding in FY 1995.**	*Jan Gurley, MD* *Valerie Dorr*
6:30	**BREAK**	
6:45	**9. Allocation of anticipated FY 1995 funds to prioritized service categories.** Background information will be provided on needs assessment activities and needs as perceived in client focus groups. VOTE	*Jan Gurley, MD* *Valerie Dorr*
7:30	**10.Determination of need for RFP for new services.** VOTE	*Jan Gurley, MD* *Valerie Dorr* *Bill Haskell*
8-PM	**11.Adjournment**	

Glossary:

CARE The Federal *C*omprehensive *A*IDS *R*esources *E*mergency, or Ryan White Act, the major source for funding AIDS services.

Next Meetings: November 28 & December 12, 1994

Community Input & Planning Meeting: December 5, 1994

The Council meets on the second and fourth Mondays of each month, at the place and time noted above. All are welcome and have the opportunity to comment on Agenda items. Minutes of meetings and all information distributed to the Council Members, are available for inspection and copying. For further information, call the Council's Staff, 554-9549.

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HIV Health Services Planning Council

Minutes of Meeting

November 28, 1994

1. **Roll Call.**[1]

2. **Review and Approval of Minutes and Agenda.**
The agenda of November 28, 1994 was approved.

3. **General Announcements.**

- The Members agreed to meet on December 19 instead of December 26.
- Ms. Times announced that the Coalition for Positive Families would display clients' art in the AIDS Office atrium, beginning December 1.
- Mr. Haskell invited the Members to attend the December 5 community meeting to discuss sections "A" and "B" of the *Comprehensive HIV Services Plan.* Members received a copy of those sections.
- Mr. Shriver discussed the possible impact of the congressional elections on Ryan-White (CARE*) Act reauthorization. CAEAR* and the National Organizations' Response to AIDS (NORA) will begin to meet next week to discuss strategies. Ms. Estela Garcia suggested that the Council discuss strategies at the local level in case of CARE* funding problems. Our focus and action should be proactive, not reactive, and be a major topic for a retreat in January.

4. **Public Comment.** There was no public comment.

5. **Chairpersons' Reports.** There were no reports.

6. **Subcommittee Reports.** There were no reports.

7. **Final resolution of ordering of Service Category priorities Mental Health and Substance Abuse Treatment.**
Ms. Times made the following motion, which did not pass:[2]
That Substance Abuse shall be the fifth CARE* service category, and Mental Health the sixth, for FY 1995 (YO5).
The Members decided to keep both categories tied at the fifth priority level, and agreed with Ms. Thomas' suggestion to revisit the matter after allocation decisions were made.

8. **Reconfiguration of services.**
Members received the following from the AIDS Office: *Recommendations for Reconfiguring Services for CARE FY 94-95 [95-96]. Dr. Gurley:* The main question is, Shall service categories have a fixed dollar amount or a fixed percentage amount? If there is a fixed dollar amount, there may not be enough money to fund lower ranked services at all. If a fixed percentage amount, all service categories may have a reduction in funds.

Ms. Christen: The higher priority service categories should be held harmless -- not subject to flat or reduced funding.

9. **Consideration of relationship between Comprehensive HIV Services Plan Objectives and available funding in FY 1995.**

Members received a spreadsheet detailing the types and amounts of all CARE*-funded contracts (*Health Services/Prevention Branch Master Contract List for 94-95*). *Ms. Dorr:* The amounts do not include the five percent allocated for administration. Note that the dollar amounts do not correspond to priority ranking.

10. **Allocation of anticipated FY 1995 funds to prioritized service categories.**

Dr. Gurley reviewed the findings of all studies undertaken to determine current and probable FY 1995 needs, and the members decided which categories would receive increased, static or reduced percentages of the total allocation.

Mr. Shriver: We should allocate 30 to 35% to the Health Department. Also, we should ensure that in the final configuration, people of color (POC) agencies receive 20 to 25% of the CARE* award. *Ms. Dorr:* This year the EMA* received more funds, but a relatively smaller percentage. As a result, no new programs were funded below the Substance Abuse service category. As a result, POC funding dropped to around 9.7% from a high of 21% (and a goal of 24%). Primarily due to hiring difficulties, the Health Department spent only 24% of the total EMA* award.

A> Mr. Shriver made the following motion, which passed, unopposed:[3]

That all YO5 [FY 1995] CARE*-funded contracts include a 4% C.O.L.A. [cost-of-living adjustment] as part of the base.

Ms. Wood: The added C.O.L.A. will reduce services if funding is not increased at least 4%. *Dr. Gurley:* Government-mandated increases must also be incorporated. *Mr. Nelson:* Community-based organizations (CBOs) must also deal with unions. *Ms. Times:* Can we guarantee that C.O.L.A.s are passed on to employees? As it stands, CBOs decide how to apply the C.O.L.A. funds.

Ms. Dorr explained the AIDS Office proposal to restructure Planning Council support items and reduce that specific line from $1,074,854 (FY 1994 actual) to $753,448 (FY 1995 proposed).

Item	*FY 1994*	*FY 1995*
AO Ombudsman Program	$ 261,967	-0-
Centralized Information/ Outreach	-0-	$ 223,797
Planning Council Support	$ 543,897	$ 419,920 [1]
Needs Assessment [2]	$ 268,990	$ 109,731
TOTAL:	$1,074,854	$ 753,448

Notes: [1] From January 1996, split evenly with "Administration" line.
[2] Cut 1.5 FTE plus reduction of other lines.

Some of these adjustments were made in the CARE* formula application, since HRSA* has changed its specification of which items may be charged to Planning Council support.

> The following motion passed, 17-1:[4]

That the priorities for YO5 [FY 1995] CARE* funding shall be: (1) Planning Council support; (2) Marin and San Mateo Counties; (3) the first ten service priorities. Planning Council support shall be 1.4% of any funding received. Marin and San Mateo Counties shall receive the same percentage as their proportion of the total number of persons with HIV in the EMA. The first ten service categories shall be fully funded up to their CARE* YO 4 allocated percentages, plus the 4% C.O.L.A.. Any remaining funds shall be used to fully fund all categories, *in sequence*.

Ms. Wood: All San Mateo County CARE* expenditures were within the top ten service categories.

Ms. Debra Drickersen-Cortez discussed the impact of the rollover of support services from HOPWA to CARE* funding. In YO5 there should be no net demand on CARE* funds. Mr. Haskell distributed a chart (*Funding for Housing in 94-95*) that demonstrates which programs were funded by CARE* and which by HOPWA*. *Mr. Haskell:* CARE* took over $524,302 in rental subsidies originally to be funded by HOPWA*. Therefore the supportive service budgets of HOPWA* capital developments, which were to role over from HOPWA* to CARE*, will not roll over in FY 1995. The total amount to have been rolled over on July 1, 1995, $286,682, will remain with HOPWA*. In addition, in FY 1996, the HOPWA* program will continue to carry the supportive services component of HOPWA* capital developments up to $524,302 as a complete reimbursement to CARE* for the three subsidy programs absorbed by CARE.

<C> Mr. Shriver proposed an allocation scheme for CARE* YO5 funds. Several amendments were made to his motion, which passed unanimously:[5]

> **That the allocation of anticipated CARE* Fiscal Year 1995 funds shall be as follows: Planning Council Support -1.4%; Marin County -4.5%; San Mateo County - 6.5%; Primary Medical Care - 19.1%; Housing - 14.3%; Food - 4.19%; System-wide Development - 1.5%; Mental Health -9.8%; Substance Abuse - 14.3%; Home Health Care -4.2%; Hospice - 3.5%; Dental - 3.3%; Case Management - 6.15%; Direct Emergency Services -0%; Alternative/Complementary Care - 1.5%; Client Advocacy - 2.0%; Buddy/Companion - 1.5%; Day & Respite Care - 0.71%; Transportation - 0.06%; Rehab. Care - 0.75%; Translation - 0.06%; Adoption/ Foster - 0.03%.**

(*See Attachment.*)

11. Determination of need for RFP for new services.

This item was not considered. Members received a document, *Notes from RFP Task Force Meeting -- Friday September 23, 1994*, to review for future discussion and action.

12. Adjournment: 8:30-PM.

NOTES

1. Roll Call	Quorum: 4:10-PM	√ = *Present;* A = *Absent*; E = *Excused Absence*; L = *Leave of Absence*									
Estela Garcia *(Chair)*	√	Marcy A. Fraser	A	Bill Hershan	√	Janet Nassar	√	Mike Shriver	√
Norm Nickens *(Chair)*	√	Linfard Gale	√	Danny Jae	A	Bab Nelsan	√	Laura Thamas	√
Steve Lew	E	Barbara Garcia	√	Susan Karp	√	Carmen Partilla	√	Rita Times	√
Steve Burns	√	Jaime Geaga	√	Jan Henry Kouba	√	Steve Rager	√	Jerry Windley	A
Pat Christen	√	John Gressman	√	Gerald Lenair	√	Geaffrey Sackett	L	Mary Jane Wood	√
Gene Capella	A	Chris Hall	√	Gifford S. Leaung	√	Sean Sasser	√		
Mariam Faraaq	E	Lester Hansan	A	J.B. Malaghan	E	Rudy Servin	A		

STAFF: Valerie Dorr, Terri Dowling, Bill Haskell, Charles Brand

2. Vote on Motion	A = Abstain; N= Opposed; √= For; O = Not present at vote. *The motion failed (53%): √=8; N=7; A=3*										
Burns	√	Geaga	A	Karp	N	Nassar	√	Sasser	N	Woad	N
Christen	A	Gressman	O	Kauba	A	Nelsan	N	Shriver	√		
Gale	√	Hall	√	Lenair	√	Partilla	N	Thomas	N		
B. Garcia	N	Hershan	O	Leaung	O	Rager	√	Times	√		

3. Vote on Motion <A>											
The motion passed (100%): √=17; N=0; A=1											
Burns	√	Geaga	√	Karp	√	Nassar	√	Sasser	√	Wood	√
Christen	√	Gressman	O	Kouba	√	Nelson	√	Shriver	√		
Gale	√	Hall	√	Lenoir	√	Portillo	√	Thomas	√		
B. Garcia	√	Hershon	O	Leoung	O	Roger	√	Times	A		

4. Vote on Motion <B>											
The motion passed (94%): √=17; N=1; A=1											
Burns	√	Geaga	√	Karp	√	Nassar	√	Sasser	√	Waad	A
Christen	√	Gressman	√	Kouba	√	Nelson	√	Shriver	√		
Gale	√	Hall	√	Lenoir	√	Portillo	√	Thomas	√		
B. Garcia	√	Hershon	O	Leoung	O	Roger	√	Times	N		

5. Vote on Motion <C>											
The motion passed (100%): √=16; N=0.											
Burns	√	Geaga	√	Karp	√	Nassar	√	Sasser	√	Waad	√
Christen	√	Gressman	√	Kouba	O	Nelsan	√	Shriver	√		
Gale	√	Hall	√	Lenoir	√	Partilla	√	Thamas	√		
B. Garcia	√	Hershon	O	Leaung	O	Roger	O	Times	O		

Glossary:

CAEAR	*C*ities *A*dvocating *E*mergency *A*IDS *R*elief. A public interest group advocating maximum government funding for AIDS services in EMAs.
CARE*	The Federal *C*omprehensive *A*IDS *R*esources *E*mergency, or Ryan White Act, the major source for funding AIDS services.
EMA	*E*ligible *M*etropolitan *A*rea: an urban area eligible to receive CARE* Title I funds. The "San Francisco EMA" consists of the counties of San Francisco, Marin and San Mateo.
HOPWA	*H*ousing *O*pportunities for *P*ersons with *A*IDS, a Federal program to assist in funding housing programs for HIV/AIDS clients.
HRSA*	*H*ealth *R*esources and *S*ervices *A*dministration, the Federal agency administering CARE* programs.
SFRA	*S*an *F*rancisco *R*edevelopment *A*gency

Planning Council Calendar

11/ 29	*(Enlarged)* Long Range Planning Subcommittee	12/ 5	Community Planning Meeting
12/ 12	**Planning Council**	12/ 15	***Comprehensive 5-Year Plan completed***
12/15	Bylaws Subcommittee	**12/ 19**	**Planning Council**
2/17/95	CARE Supplemental Application submitted.		

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ATTACHMENT

CARE YO5: San Francisco EMA*

Prioritization of Service Categories (Adopted 11/21/94)

Allocations (Preliminary, as of 11/28/94)

Service Category *YO-5 Priority* *(YO 4 in Parentheses)*	*Percent of Total YO-4 Allocation*	*Percent of Total YO-5 Allocation*
Planning Council Support	3.80	1.40
Marin County	4.30	4.50
San Mateo County	6.48	6.50
1. Primary Medical Care (1)	19.10	19.10
2. Housing (2)	14.11	14.30
3. Food (3)	4.19	4.19
4. *System-wide Development*		1.50
5. Mental Health [1] (3)	9.46	9.80
6. Substance Abuse [1] (7)	13.81	14.30
7. Home Health Care (8)	4.13	4.20
8. Hospice (13)	2.37	3.50
9. Dental (4)	3.30	3.30
10. Case Management (6)	6.12	6.15
11. Direct Emergency Services (10)	0 *[2]*	0
12. Alternative/Compl. Care (11)	1.41	1.50
13. Client Advocacy (9)	2.19	2.00
14. Buddy/Companion (12)	2.23	1.50
15. Day & Respite Care (15)	0.71	0.71
16. Transportation (16)	0.06	0.06
17. Rehab. Care (14)	2.31	0.75
18. Translation (17)	0.06	0.06
19. Adoption/ Foster Care (18)	0.03	0.03

[1] Mental Health and Substance Abuse were assigned equal priority.
[2] Services were generally funded under Housing.

The minimum funding for Planning Council Support, Marin and San Mateo Counties, and the first 10 categories, is to be the YO-4 level, plus 4% C.O.L.A. Depending on the size of the grant, additional funds are to be used to bring each service category, in sequence, up to the allocated YO-5 percentage (which will always be amplified by the 4% C.O.L.A.

Agenda

HIV Health Services Planning Council

December 12, 1994 -- 4-PM to 8:15-PM
25 Van Ness Avenue, 3rd Floor

4:00-PM	**Roll Call.**
4:05-PM	**Review and Approval of Minutes** of November 14, 21 and 28, 1994, and the Agenda of December 12, 1994.
4:10-PM	**General Announcements.**
4:20-PM	**Public Comment.**
4:35-PM	**Chairpersons' Reports.** *(Estela Garcia, Norm Nickens, Steve Lew)*
4:45-PM	**Subcommittee Reports.**
4:55-PM	**Report on December 5 community input and planning meeting to review Sections A & B of Comprehensive HIV Services Plan.** The Plan is required by HRSA* as part of the EMA*'s FY 1995 CARE* application. *(Bill Haskell)*
5:15-PM	**Presentation from San Mateo County AIDS Program** concerning (a) HIV service goals & priorities and (b) the use of anticipated FY 1995 CARE* Title I funds for needed services. *(Gene Copello)*
5:35-PM	**Presentation from Marin County AIDS Program** concerning (a) HIV service goals & priorities and (b) the use of anticipated FY 1995 CARE* Title I funds for needed services. *(Jon Dean Green)*
5:55-PM	**Review of recent Council decisions concerning allocation of anticipated FY 1995 CARE* Title I funds to prioritized service categories, and implications for service delivery at different levels of funding.** *(Jan Gurley)*
6:40-PM	**Consideration of options for responding to the potential impact of any increases or decreases in future funding.** *(Jan Gurley)*
7:25-PM	**Determination of need for RFP for new services.** Discussion will include approval/ disapproval of "special projects" RFP process if increased funding is made available. VOTE. *(Valerie Dorr)*
7:55-PM	**Adjournment**

Glossary:

CARE	The Federal Comprehensive AIDS Resources Emergency, or Ryan White Act, the major source for funding AIDS services.
EMA	Eligible Metropolitan Area: an urban area eligible to receive CARE* Title I funds. The "San Francisco EMA" consists of the counties of San Francisco, Marin and San Mateo.
HRSA	Health Resources and Services Administration, the Federal agency administering CARE* programs.

Next Meetings: December 12 & 19, 1994

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HIV Health Services Planning Council
Minutes of Meeting
December 12, 1994

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1. **Roll Call.**[1]

2. **Review and Approval of Minutes and Agenda.**
The Minutes of November 14, 21, and 28, and the Agenda of December 12, 1994, were approved.[2]

3. **General Announcements.**

- The Council will not meet on December 19. The next meeting is January 9, 1995.
- *Barbara Garcia:* HRSA* has reduced the CARE* Title 2 appropriations for the first time. The Title 2 working groups reduced several programs. The deficit will be divided proportionately between the consortia.
- *Mr. Shriver:* Various coalitions and interest groups met Thursday through Sunday in Washington to discuss Ryan-White CARE* Act reauthorization. Rumors are rife in Washington of a plan to dismantle Ryan-White or relegate it to block grants administered by each state's chief health official. Currently unfunded federally mandated programs would have priority in all block grant expenditures. There are some positive developments. Planning councils probably will be required to have a specific percentage of HIV+ Members. The Office of Management and Budget increased the amount of all three Ryan-White titles from the figure requested by the Department of Health and Human Services. Ryan-White is the second largest domestic discretionary program in the country (following Head Start).
- *Mr. Nelson:* The Office of Management and Budget returned to HUD* a budget that eliminates HOPWA*. There are a few days to appeal this action, and Members and their contacts should move quickly. The Members unanimously approved a letter to HUD* composed by Mr. Haskell, that expresses its great concern about HOPWA* refunding, and the negative effects of defunding
- Dr. Katz discussed several changes implemented by HRSA*.
    - ◊ EMAs* must report all clients who are *eligible* for CARE*-funded services, not just those who actually receive them. For instance San Francisco would have to report clients of General Fund-supported services. HRSA* says that this will give them a stronger argument for CARE* appropriations, and reduce the practice of some agencies to juggle funds from different sources.
    - ◊ Quarterly reporting is eliminated, but a semi-annual report is required.

Mr. Shriver: HRSA* had no legislative directive for these changes. They will neither assist their advocacy or help gauge unmet needs. The information could fuel negative strategies against EMAs*.

4. **Public Comment.**
Howard Moffet of the American College of Traditional Chinese Medicine advocated including Chinese Medicine (acupuncture) under the "Primary Medical Care" instead of "Alternative/ Complementary Therapies." The State of California recognizes acupuncturists, who provide one form of Chinese medicine, as primary medical care providers. In some states physicians practice acupuncture. This categorization is culturally insensitive and affects the chances of adequate

funding. The Members know how the public supports acupuncture, which, if reduced, would be unavailable at public clinics.

5. **Chairpersons' Reports.** There were no reports.

6. **Subcommittee Reports.**
Mr. Nickens: The Bylaws Subcommittee will discuss whether to establish an advisory committee of HIV services consumers. *Mr. Haskell:* On December 14 some Members will participate in a nationwide HRSA* teleconference that will discuss adequate representation of persons with AIDS on planning councils. *Ms. Thomas:* Would this committee affect the Council's target goals for the percentage of HIV+ Members? *Mr. Nickens:* The Council has stressed the need to increase its awareness of the consumer's perspective, vis a vis that of the provider. *Barbara Garcia:* An advisory committee would attract persons who felt unqualified or unavailable for full Membership. *Mr. Geaga:* It would develop their interest, capacity and confidence, and transition them to the Council.

7. **Report on December 5 community input and planning meeting to review Sections A & B of Comprehensive HIV Services Plan.**
Mr. Haskell: Few attended, but their comments were valuable. The next step is to obtain goals and objectives from Marin and San Mateo Counties. Each EMA* county must have autonomy and show a separate response to the epidemic within the total plan. The draft of the first four sections should be ready in early January.

8. **Presentation from San Mateo County AIDS Program.**
Mr. Copello reviewed San Mateo's AIDS Program and distributed information to the Members.[3] Their proposed budget is the FY 1994 allocation plus a 4% cost-of-living increase (C.O.L.A.). Their Community Board's "Client Satisfaction Committee" obtains important feedback on services. The "Facilities Committee" inspects housing and service sites. The Development Committee stimulates private sector interest in AIDS services. Dental services are ranked higher than Substance Abuse services, reflecting the findings of needs assessment and client satisfaction studies -- but not their respective level of funding.

9. **Presentation from Marin County AIDS Program**
Jon Dean Green provided similar information for Marin's AIDS program.[4] Their proposed budget is based on level or reduced funding. The Marin AIDS Advisory Commission serves the Board of Supervisors and the Marin Foundation in a formal capacity, and is active in program planning and monitoring. Over half of the 27 members are HIV+. Active committees overview the three main CARE* titles. All hospice services are home-based and receive most of their funding from the State. There is no public hospital. Marin General Hospital is a non-profit that provides referrals. Many therapists offer their services on a sliding scale, and most HIV+ clients pay nothing. Service category prioritization is unchanged.

10. **Review of recent Council decisions concerning allocation of anticipated FY 1995 CARE* Title I funds to prioritized service categories, and implications for service delivery at different levels of funding.**
Members reviewed an AIDS Office study [*Planning Council Summary*, 4 pp.] of the effect of their November 21 allocation on CARE* awards of $39,000,000 or $42,000,000. *Dr. Katz*: The latter is improbable.

Dr. Gurley: The Council must resolve these issues:

- ◊ The Members were informed that the FY 1994 allocation for Adoption & Foster Care services was .03%. It is 0.31%. Should the allocation be increased?
- ◊ No allowance was made for CARE* Administration (historically around 5%).

- ◊ At $39,000,000, basing the percentage for each service category on the higher of the two -- the FY 1994 allocation or the FY 1995 allocation, with 4% C.O.L.A. -- eliminates the five lowest categories and reduces "Buddy/ Companion."
- ◊ The only source for restoring AIDS Office staff cuts are "System-wide Developments" funds. This leaves little for development of the centralized intake system.

The AIDS Office recommends: (1) using part of the Hospice service category allocation to restore sufficient funds to Adoption/ Foster Care; (2) reducing the C.O.L.A. to 2%, to increase the probability of funding the lower service categories; (3) restoring the 4% C.O.L.A. only at the $42,000,000 level. *Dr. Katz:* We used the 4% C.O.L.A. because the City negotiated with Local 790 a 4% salary rise for FY 1995. However, this percentage actually covers *two* years, since there was no salary rise in FY 1994. Therefore we suggest a 2% C.O.L.A., unless CARE* funding reaches $42,000,000.

Dr. Katz: CARE* funds cannot build hospice beds, but only *support* hospice services. We believe that the epidemic has peaked in the EMA*, and suggest that the Council consider a lower allocation. *Ms. Fraser:* If we lose HOPWA* funds after FY 1995, CARE* funds might become a critical source for hospice services. *Mr. Haskell:* This would require a provider to lease and open a facility. CARE* funds may support operating expenses. Currently Maitri AIDS Hospice is applying for HOPWA* funds to buy a building and open more beds. *Mr. Lenoir:* The threat to HOPWA* funding makes Hospice a "Catch 22" issue. The AIDS Office should spearhead study and discussions to resolve this problem.

Mr. Shriver: The Council never discussed what to do with Adoption/ Foster Care. Lowering Rehabilitation from 2.2% to 0.71% could reduce services for clients with dementia. The Council cannot make any decisions based on anticipated HOPWA* funds. *Mr. Windley:* The 2% C.O.L.A. is the amount that Rehabilitation needs. We all face austerities. Drop the C.O.L.A. and shift the savings to Rehabilitation.

<A> The following motion was made and passed unanimously:[5]

That the allocation of CARE* Title I funds is revised as follows: "San Francisco Administration" shall receive 5% of total funding, Hospice Care shall receive 2.47% (instead of 3.33% as originally allocated); Rehabilitation shall be restored to 2.2% (from 0.71%); and Adoption/ Foster Care shall receive 0.29% (instead of 0.03%). This changes the total for the four priority lines and the top ten service priorities to 92.26% (from 93.11%), and the next nine service categories to 7.15% (from 6.89%). A 2% C.O.L.A. will be awarded if at least $42,000,000 in CARE* funds are received for FY 1995.

(See ATTACHMENT for the revised allocations by service category.)

11. Consideration of options for responding to the potential impact of any increases or decreases in future funding.

Dr. Gurley: The Council should reconfigure existing services on a category-by-category basis in case CARE* FY 1995 funding is not static. It should develop a list of desirable new or reconfigured services, and predetermine which require an RFP (mainly new items) and which only need contract renewals. *Ms. Fraser:* These decisions should be informed by the findings of the annual monitoring and evaluation process. We have identified programs that cannot -- or should not -- be funded next year. *Dr. Gurley:* One difficulty in doing this is that the process is not sufficiently standardized. *Ms. Fraser:* A program's low units-of-service should be good grounds for reducing its allocation.

Dr. Katz: The Council should clarify its positions so that the AIDS Office interprets its will correctly. Which uniform criteria do you wish? For instance, which guidelines should we follow in reaching

people-of-color targets? There will be cuts. The Council has already reduced some categories' allocations in FY 1995.

Estela Garcia: We should involve contractors early in the process. Decisions should have their input. This has not always been the case in the past. *Ms. Dorr:* To avoid conflict of interest and contention, we should make these decisions before the CARE* award is announced. *Mr. Shriver:* The Long Range Planning Subcommittee should conduct this activity and give its recommendations to the Council in February. *Dr. Katz:* Would the Evaluation Subcommittee be the more appropriate group to do this? *Ms. Fraser:* Council discussion should precede the Subcommittee's involvement. We should discuss the monitoring results first. How can we fund anything without first evaluating the programs? *Ms. Portillo:* Let the Subcommittee review and decipher the monitoring results. *Dr. Gurley:* The AIDS Office could provide a good overview. *Ms. Wood:* There is no need defer discussion of basic issues. Evaluation and policy discussion can begin simultaneously. *Mr. Lenoir:* We should use the monitoring results to determine increased as well as decreased funding. *Estela Garcia:* Should we include DPH* services? *Dr. Katz:* We cannot exclude any entity from this process. One failing DPH* program lost its CARE* funding. *Dr. Leoung:* We have responded poorly to DPH* deficiencies. The AIDS Office should provide a plan to deal with this and how to remedy existing problems. *Mr. Gayle:* There should be no policy of blind reductions based purely on units-of-service figures. We must keep in mind cultural competency issues. For instance, among the programs Ms. Wood and I reviewed was a people-of-color provider that scored poorly in its volunteer program component. The AIDS Office added the requirement as part of a larger contract. It was inappropriate from the start.

<B> The following motion passed unanimously:[6]

That the Evaluation Subcommittee review all monitoring reports, and by February 1995 present to the Planning Council its recommendations on (1) which *new* services to fund, and (2) which *existing* services or programs within service categories should be decreased, increased, or reconfigured. The Subcommittee shall review one or two service categories each week.

The current Members of the Evaluation Subcommittee are: Ms. Fraser, Mr. Roger, Ms. Thomas, Ms. Times, Ms. Wood. The following will also serve: Mr. Geaga, Mr. Joe, Mr. Nickens, Ms. Portillo.

12. Determination of need for RFP for new services.

Considered under Item 11, *supra*.

13. Adjournment: 8:30-PM.

NOTES

1. ROLL CALL	Quorum: 4:25-PM	√ = *Present*; A = *Absent*; E = *Excused Absence*; L = *Leave of Absence*							
Estela Garcia *(Chair)*	√	Marcy A. Fraser	A	Bill Hershon	√	Janet Nassar	√	Mike Shriver	√
Norm Nickens*(Chair)*	√	Linford Gayle	√	Danny Joe	√	Bob Nelson	√	Laura Thomas	√
Steve Lew*(Chair)*	√	Barbara Garcia	√	Susan Karp	E	Carmen Portillo	√	Rita Times	E
Steve Burns	√	Jaime Geaga	√	Jon Henry Kouba	A	Steve Roger	√	Jerry Windley	√
Pat Christen	A	John Gressman	A	Gerald Lenoir	√	Geoffrey Sackett	L	Mary Jane Wood	√
Gene Copello	√	Chris Hall	A	Gifford S. Leoung	√	Sean Sasser	√		
Mariam Farooq	L	Lester Hanson	A	J.B. Molaghan	A	Rudy Servin	√		

STAFF: Valerie Dorr, Jan Gurley, Bill Haskell, Mitch Katz, Charles Brand

2. Marcy Fraser and Steve Burns abstained from approving the November 28 Minutes.

3. *San Mateo County AIDS Program: Ryan White CARE Act, Title 1 Funding Proposal: Year 5 (1995-1996),* 2 pp. San Mateo County Department of Health Services -- AIDS Program, *San Mateo County AIDS Program.* Folder, containing *1993--1994 Annual Report; AIDS/ HIV Bulletin,* 3rd Quarter, 1994; *San Mateo County AIDS Surveillance Report: Cumulative Resident AIDS Cases 1982 -- 11/28/1994*; plus promotional brochures produced by the Program.

4. *Care Funded Programs.* A spreadsheet listing agencies, services, the amount proposed for each service, and the anticipated client level.

5. VOTE - Motion <A>				A = Abstain; N= Opposed; √= For; O = Not present at vote. *The motion passed:* √=18, N=0, A=0.					
Burns	√	B. Garcia	√	Lenoir	√	Roger	√	Thomas	√
Copello	√	Geaga	√	Leoung	√	Sasser	√	Windley	√
Fraser	√	Hershon	√	Nelson	O	Servin	√	Wood	√
Gayle	√	Joe	√	Portillo	√	Shriver	√		

6. VOTE - Motion <B>				*The motion passed:* √=17, N=0, A=0.					
Burns	O	B. Garcia	√	Lenoir	√	Roger	√	Thomas	√
Copello	√	Geaga	√	Leoung	√	Sasser	√	Windley	√
Fraser	√	Hershon	√	Nelson	O	Servin	√	Wood	√
Gayle	√	Joe	√	Portillo	√	Shriver	√		

ATTACHMENT

Planning Council Summary, "$39 Million Award (level funding)," Page 20.

GLOSSARY:

CARE	The Federal *C*omprehensive *A*IDS *R*esources *E*mergency, or Ryan White Act, the major source for funding AIDS services.
DPH	Department of Public Health. San Francisco department, of which the AIDS Office is a component.
EMA	*E*ligible *M*etropolitan *A*rea: an urban area eligible to receive CARE* Title I funds. The "San Francisco EMA" consists of the counties of San Francisco, Marin and San Mateo.
HOPWA	*H*ousing *O*pportunities for *P*ersons with *A*IDS, a Federal program to assist in funding housing programs for HIV/AIDS clients.
HRSA	*H*ealth *R*esources and *S*ervices *A*dministration, the Federal agency administering CARE* programs.

PLANNING COUNCIL CALENDAR

12/ 15	***Comprehensive 5-Year Plan completed***	12/14	Long Range Planning Subcommittee
12/15	Bylaws Subcommittee	12/15	Membership Subcommittee
12/ 19	Planning Council (***cancelled***)	**1/9/95**	Planning Council
1/20/94	Orientation for new Members	1/21/95	Planning Council Retreat *(tentative)*
1/23/95	Planning Council. submitted.	2/17/95	CARE Supplemental Application

The Council meets on the 2nd & 4th Mondays of each month, at the place noted above. All are welcome and may comment on Agenda items. Minutes of meetings and all information distributed to the Council Members, are available for inspection and copying. For further information,

	Service Category	10/28 Alloc.	Corrected	12/12 Changes
	San Francisco Administration	---	5.00	
	Planning Council Support, etc.	1.40	1.33	
	Marin County	4.50	4.28	
	San Mateo County	6.50	6.18	
1.	Primary Medical Care	19.10	18.15	
2.	Housing	14.30	13.59	
3.	Food	4.19	3.98	
4.	System-wide Development	1.50	1.43	
5.	Mental Health	9.80	9.31	
5.	Substance Abuse	14.30	13.59	
7.	Home Health Care	4.20	3.99	
8.	Hospice	3.50	3.33	2.47
9.	Dental	3.30	3.14	
10.	Case Management	6.15	5.85	
11.	Direct Emergency Services	0	0	
12.	Alternative/Complementary Care	1.50	1.43	
13.	Client Advocacy	2.00	2.14	
14.	Buddy/Companion	1.50	1.66	
15.	Day & Respite Care	0.71	0.67	
16.	Transportation	0.06	0.19	
17.	Rehabilitation	0.75	0.71	2.71
18.	Translation	0.06	0.06	
19.	Adoption/ Foster Care	0.03	0.03	0.29
	C.O.L.A.:	4.00	4.00	0